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Legislative  
Assembly  
of Ontario



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(Hansard)**

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Jeudi  
16 novembre 2017

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Speaker: Honourable Dave Levac  
Clerk: Todd Decker

Président : L'honorable Dave Levac  
Greffier : Todd Decker



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Hansard Reporting and Interpretation Services  
Room 500, West Wing, Legislative Building  
111 Wellesley Street West, Queen's Park  
Toronto ON M7A 1A2  
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Service du Journal des débats et d'interprétation  
Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400; télécopieur, 416-325-7430  
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# LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday 16 November 2017

# ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Jeudi 16 novembre 2017

*The House met at 0900.*

**The Speaker (Hon. Dave Levac):** Good morning. Please join me in prayer.

*Prayers.*

## MEMBER FOR HALIBURTON- KAWARTHA LAKES-BROCK

**Hon. Michael Chan:** Point of order.

**The Speaker (Hon. Dave Levac):** Point of order.

**Hon. Michael Chan:** I seek unanimous consent that the member for Haliburton-Kawartha Lakes-Brock be allowed to speak from her place while seated.

**The Speaker (Hon. Dave Levac):** The minister is seeking unanimous consent that the member from Haliburton-Kawartha Lakes-Brock be allowed to speak from her place while seated. Do we agree? Agreed.

## ORDERS OF THE DAY

### SAFER ONTARIO ACT, 2017

#### LOI DE 2017

#### POUR PLUS DE SÉCURITÉ EN ONTARIO

Resuming the debate adjourned on November 15, 2017, on the motion for second reading of the following bill:

Bill 175, An Act to implement measures with respect to policing, coroners and forensic laboratories and to enact, amend or repeal certain other statutes and revoke a regulation / *Projet de loi 175, Loi mettant en oeuvre des mesures concernant les services policiers, les coroners et les laboratoires médico-légaux et édictant, modifiant ou abrogeant certaines autres lois et abrogeant un règlement.*

**The Speaker (Hon. Dave Levac):** Further debate? The member from Haliburton-Kawartha Lakes-Brock, please be seated.

**Ms. Laurie Scott:** Thank you, Mr. Speaker. I was going to try to start to stand for a bit, but I may sit down if I need to, and which I probably will need to. Is that okay?

**The Speaker (Hon. Dave Levac):** Absolutely fair.

**Ms. Laurie Scott:** As a person who talks with their hands a lot, it's really hard when I'm sitting down.

Mr. Speaker, I do appreciate the opportunity to rise today—at times; maybe to sit at times, too—to address the government's Bill 175, An Act to implement measures with respect to policing, coroners and forensic lab-

oratories. I want to note that it is, I believe, 417 pages. It's a very, very large bill.

Yesterday we heard from the Minister of Community Safety as well as the Attorney General, in their leadoff, speak about the rationale for this legislation. We heard about how this bill supposedly modernizes policing to be able to deal with the challenges of the modern age, how it represents the biggest reform in policing in 20 years and how this legislation was five years in the making.

I just want to put out the point that it has been 20 years since it has been updated; this government has been in for 14 of those years. I just think that maybe, as we're six months out from an election, with a 417-page bill, it would have been a little nicer to have it come earlier, as was promised many times. I think it was going to be before we rose in the spring session, then it was going to be when we first came back, and now we are just four weeks, really, out from rising for the winter.

Having said all that, I am disappointed with the results that we have before us today. Now, there are some good things in this bill. What struck me the most is the tone it sets, though. In particular, what stood out for me is that the government seems to be telling our hard-working front-line police officers that they simply don't trust them. They don't trust them to do the jobs that they were trained for and that they put their lives on the line for.

I have to say, it was quite something to watch both the ministers, in the presence of all the representatives of the Police Association of Ontario—who had their lobby day yesterday here—tell them with a straight face how much they appreciated their work, because I'm sure that the ministers and the government on the other side know they're not really that happy, they're not really that pleased with this bill. I'm sure that the ministers were personally sincere, but the real proof is in the policy, and the content of much of this government's legislation sends the exact opposite signal.

It was disappointing to see how much of Bill 175 is designed to constrain and burden our police officers with additional process while at the same time reducing the scope of their activities and inviting outside organizations, including private security firms, to erode their traditional role. In the words of the Police Association of Ontario, which is the official voice and representative body for Ontario's front-line police personnel and provides representation, resource and support for 53 police associations and 18,000 police and civilian members of police services, "Unfortunately, contained in this legislation are some elements that will severely undermine the



efficient and effective provision of policing around the province.”

What does that tell us, Madam Speaker? This tells us that despite the government’s claims to the contrary, it is absolutely clear that they did not properly consult the people affected by these changes the most: our front-line officers. I heard that from the Ontario Provincial Police Association as well as the PAO. When this bill was introduced, in the first hour after the press conference occurred, they had their own press conference and expressed extreme concerns about this bill. For our part, we know from our discussions with the police association and the OPPA—the Ontario Provincial Police Association—and the Toronto Police Association that they have been warning the government for months about how the proposed changes would affect their members. But we see in the content of this bill that their concerns fell on deaf ears on that side of the House. They’re quite insulted.

Real consultation is not telling stakeholders that changes to legislation will be introduced, asking them to submit their comments and then ignoring them. That’s exactly what the Ontario Provincial Police Association, the Police Association of Ontario and the Toronto Police Association feel. Consultation means genuinely engaging with those stakeholders in a dialogue, hearing them out and trying to accommodate their concerns in the best way possible. It’s especially important when those changes significantly affect an indispensable part of our society, namely our law enforcement community. These are the people who keep our province secure, keep our citizens safe and put their lives on the line.

We cannot forget the importance of the police. My colleagues in the official opposition and I believe that most police officers take their oath of service very seriously and that you’re never unsafe with police. That’s what we want and what we want society to think. We hope that most of society thinks that. I certainly think that way. As Rob Jamieson, the president of the Ontario Provincial Police Association, put it, “Ontario’s police officers are mothers, fathers, sons and daughters who serve because they care about their communities and feel a duty to help make Ontario a safer place.”

0910

Many of the changes in this bill are simply unfair to those who put their lives on the line every day for our safety and will only further reduce their morale. When I have travelled across this province speaking to police officers, dealing with the anti-human trafficking laws that I have been trying to promote—that’s a very, very difficult topic. That type of horrific crime rips your heart right out of your chest. Police officers who choose to be trained in that—because they’re not all trained in human sex trafficking—have chosen to take on extra training. They’ve chosen to delve into this horrific crime because they want to rescue those poor victims and they want to put those very, very bad pimps or traffickers behind bars and remove them from society so they can’t hurt any more people. They take the time, and sometimes it’s months and sometimes it’s years, to build up trust with

that individual victim so that they feel comfortable, at whatever point in their life in that horrific game that they call it that they’re in of human trafficking, to trust that police officer. That takes time. That’s the real work of police officers: saving lives and protecting lives. They put their whole heart and soul in, and some have to give up lots of their own family time to do this, because they do it sometimes way beyond the hours of their duty because they are so compassionate about it.

But legislation like this is taking the public distrust of police—it’s actually making police feel that the public don’t trust them and that they are being looked at as distrustful and maybe, at some points, the bad guys. If that effect becomes very public, if this government’s tone in this bill that we don’t trust police officers trickles down, we’re not going to save those victims. That’s going to ripple out. We want a society where people are running to police because they trust them and they believe they’re going to help them. This bill gives the tone to the public that the government over there doesn’t trust the police to do their job. It’s a very, very serious tone that is set in this bill. I truly agree with the police and the many associations I’ve mentioned. They are truly upset. We should be celebrating and supporting the work of police officers in protecting our society, not denigrating it.

So, Madam Speaker, I’ll begin my detailed remarks by summarizing what I think are the major problems with Bill 175—and I may sit down in a minute or two. First of all, the bill would allow the outsourcing of certain police functions to private organizations, including security contractors, which carries with it significant community safety risks.

The bill leaves far too much to regulation. That means “details to follow” for those who may be watching out there in TV land. You have enabling legislation, so you have the bulk of it, but you have the details of definitions and how things actually may work in regulations that are done not in the public discourse of the Legislature; they’re done by the government with not as much public scrutiny by far. That leads to a great deal of fear: “What are they going to do with that?” We’ve seen that with many, many bills, which leaves us with, “Why aren’t they telling us what they’re really going to do? Why don’t they put it in the legislation so we can all be clear and we can all be transparent?” I’m sure I’ll bring that topic up a few more times as I go through the parts of the bill.

The bill leaves too much to regulation and omits things that should clearly be codified in legislation, clearly explained; clearly, “This is what we mean” not some, “We’ll talk later in regulation”—this fuzzy, possible, “Trust us. Everything is going to be okay, and we’re going to listen to you sometime further down the road.” That doesn’t make the police associations or a lot of the public or, certainly, us in the opposition feel very comfortable with this codification in legislation by leaving it to regulation.

The bill, for example, the main one, shockingly does not adequately define what the core functions of police



officers are to be in this reality. Section 11 of the bill lists the obvious, but what they will look like in relation to what can be outsourced is a mystery. What are the core definitions of policing, and what is going to be outsourced? We want to know; the police want to know. I think, as an average citizen, I want to know who is showing up when I call 911. What is going to be outsourced? I want to feel secure. I'm going to give some examples later on, but that is a very big topic that makes the public, as they get to know this bill, more nervous. It certainly feels that the police, who are specially trained and are the people who keep us safe—it makes them wonder how, maybe, they are going to be dismissed in some investigations.

The bill injects an unprecedented—and I say “unprecedented” to the ministers—level of ministerial discretion into policing decisions. It lays the groundwork for potential political interference in policing and disciplinary decisions, which is very problematic.

The bill will make it harder for police to deal with violent criminals, since it appears to presume bad intent on their part.

Finally, the bill significantly expands the bureaucracy associated with police oversight without the corresponding increase in resources—and that is the big key. We all want oversight. You can say it, as Liberal government is very good at saying things, but they never actually put the increase in resources for it to be done properly. And then where do they get taken from? Probably the front lines.

These are all major and really inexcusable flaws.

I'll now go through the legislation, schedule by schedule. Sorry, but you gave me a 417-page bill. I won't get it all in in an hour, Madam Speaker, but they're just inexcusable flaws, and we need to address them.

Schedule 1, the Police Services Act: The main change proposed by the Police Services Act is to allow police service boards and municipalities to enter into agreements with non-profit, and some for-profit, entities to provide some policing functions. This would open the door to the outsourcing of police duties to organizations like private security companies. While the government argues that this is an efficiency measure and that it would free police officers from having to “watch trucks come and go from construction sites,” as the community safety minister put it during her press conference, the risk of unintended circumstances are actually much more serious than they let on.

Consider this straightforward example: In the event of a terror threat at a public event—like there was at the Boston Marathon—would we want private contractors responding or would we want fully trained and qualified police officers responding? This is a very real public safety question that we could soon be facing if this bill becomes law. Could we really expect the same level of service to the public in such an emergency situation, given the disparities in training between full-time police officers and private contractors? Most Ontarians would

say no, and the Police Association of Ontario has some convincing polling that shows this.

Here is another example: What if a police service board decides to outsource crime scene investigations to a private contractor? Can we really be confident that they will carry out this function to the same standards that we have come to expect from our professional police officers? The reality is that the gaping holes in this legislation could allow for more situations like these to happen.

The most glaring problem is that the bill fails to spell out the core functions of police officers. As I described before, that is a big, gaping hole. How can we move forward with a bill that does not provide clear guidance to police officers, police service boards or municipalities on what the parameters of policing are? If the answer is that the government will more clearly and precisely define the core functions of policing through regulations once this bill is passed, then they are showing us how little they respect the legislative process and this Legislature. Or, if the answer is that the government will be making these decisions on a case-by-case basis, how do they expect to guarantee a level playing field and consistency across the board?

0920

There is simply no reason that we shouldn't be fully defining these responsibilities in this piece of legislation, especially since the government claims to have been working on it for such a long time. Why not be more transparent and include it in the legislation? Is this government simply lazy, or is this maybe a sign of some kind of hidden agenda? Do they want to reserve the right to define what policing is for themselves by way of regulations that they will draft without our legislative scrutiny? Do they want to blindside our already demoralized front-line police officers even further? The government hasn't told us, but I can assure this House that I will be asking these questions until we get some answers that actually make sense.

Getting back to the bill itself, a key element of the government's modernization of policing is moving towards a community policing model. As part of this new approach, municipalities will be required to develop a community policing plan and to ensure that police service boards are representative of the population in their area. I want to say that the community policing model has the potential to be effective. I have seen the coordinated approaches undertaken independently by several communities across Ontario to address human sex trafficking by bringing together a broad range of community organizations, victim service providers and police officers. This kind of approach can help to strengthen the co-operation between our police officers and our communities.

I've seen it most recently in my municipality of Kawartha Lakes, which has been outstanding in coordinating with their municipal police force, their OPP police forces and having the community service providers, educators, the children's aid—we see everyone at the table. Peel region has done it; Halton region; Ottawa has done it. It has been replicated. They have been doing this of their



own initiative. I certainly appreciate the effectiveness that can occur when that happens.

I know the approach many police officers actively engage in and support, especially in smaller communities across the province. However, the stark contrast with the government's approach of leaving the core duties of police officers mostly undefined—I'm going to say this many times—they put very specific timelines for these community policing plans to be submitted to the ministry and implemented—I believe it's two years—but timelines that could lead to sanctions if they are not followed. That is a significant amount of pressure to put on Ontario communities, and that's what we have been hearing. They specifically said it's two years to do that, yet they leave out the definition of "core duties" of police officers.

So why is it that the government can define binding timelines for municipalities to generate community policing reports and diversity plans, but it can't define the core functions of policing? Fair question. Also, how will this work for big cities as opposed to smaller communities? It looks like timelines will be the same for either. Is that fair? What is the government's plan for rolling this process out? We don't know yet.

We also see that this bill would prescribe training with respect to human rights and systemic racism for all police officers. That's certainly a worthwhile measure, but I have to say it's more than a little ironic that the government is willing to prescribe training for police officers, but it's not willing to mandate sexual assault training for judges and justices of the peace. I'm sure you'll hear a little bit more about that this afternoon, as I debate my private member's bill. In any case, these training requirements expose yet another flaw in this government's bill.

The additional sensitivity training and restrictions mandated by Bill 175 would not apply to the private security contractors that could now be hired to carry out policing functions—we're just not sure what the functions are—and I would argue that that is a pretty huge double standard that could, again, lead to unequal outcomes. Once again, the bill is unclear about how that gap would be managed. But it seems again to show that the government is singling out police officers and presuming bad intent on their part. Think about it: The government is basically giving police additional responsibilities and guidelines, but at the same time saying their roles could potentially be subcontracted to private security contractors that are not held to the same standard—a very good point to be brought up.

My fear is only made worse by the way the government keeps piling on the administrative layers as we keep going deeper into the bill. This bill would establish Ontario Provincial Police detachment boards to establish local policies and action plans that represent yet another layer of authority that will add to the cost and complexity. And "complexity" is the key word when we begin to consider the police oversight component of Bill 175.

First of all, the bill changes the names of the existing oversight bodies and expands their responsibilities. I'm

going to get into a lot of acronyms that will be familiar to some and not to others. The Ontario Independent Police Review Director becomes the Ontario Policing Complaints Agency—so OIPRD now becomes OPCA—the complaints director being tasked with reviewing every single complaint submitted by the public. That's going to be a lot of work. The Ontario Civilian Police Commission, OCPC, becomes the Ontario Policing Discipline Tribunal. The Special Investigations Unit, the SIU, becomes the Ontario Special Investigations Unit.

Aside from these changes, which were mostly made to clarify the responsibilities of these institutions, Bill 175 also adds a fourth layer of oversight, the Inspector General of Policing, on top of that. I said it was a very thick bill. That's certainly a new oversight role. This new position of the Inspector General of Policing will have significant powers to monitor compliance with the act. The Inspector General of Policing will be able to appoint inspectors or initiate inspections and require the presentation of information on request. The inspector will also have the power to recommend that the minister use a disciplinary power.

The inspector—the IGP—and now the OSIU will also be able to potentially fine police officers up to \$50,000 or to imprisonment of a term of not more than one year, if they don't comply with its directions. It's a significant amount of power and it adds even more complexity to the police oversight process. There is legitimate concern that this additional layer of police oversight will only make the current environment more difficult.

I'd like to quote the Postmedia editorial from last week which addresses an essential problem that this government needs to address. "When former Ontario ombudsman André Marin reviewed the SIU in 2011"—

*Interjections.*

**Ms. Laurie Scott:** Now you're waking up—"he concluded senior officials in Ontario's Ministry of the Attorney General—one of the two ministries responsible for implementing this new legislation—'actively undermined' the SIU."

*Interjections.*

**The Deputy Speaker (Ms. Soo Wong):** Order.

**Ms. Laurie Scott:** It's a good thing it's in Hansard, Madam Speaker, so they can see later.

"Since the Liberals were in charge then, as they are now, what assurances does the public have the same failings won't be repeated?"

"We're also skeptical of the Liberals' proposal to create a new 'Inspector General,' ostensibly to review complaints against police boards and chiefs, but which sounds to us like a patronage position."

**0930**

Once again, because of the lack of clarity in the bill—I'm asking for clarity, giving you a chance—there are open questions that need to be addressed by the government. Creating sweeping new powers and authorities is a serious matter, but the government does not seem to treat it with the care that it deserves. For example, the bill states that the minister may issue authorizations to



employ special constables and that the minister may request information from policing entities such as the use-of-force data or race-based data. In what circumstances can they ask for that? It's just not clear.

The bill also gives new powers to chiefs, police services boards or the minister to impose disciplinary measures on police officers, including suspensions. So although police officers may request a hearing before a tribunal to appeal this kind of disciplinary measure, the fact that the minister has the authority to unilaterally impose disciplinary measures will have a chilling effect and can lead to the possibility of politically motivated decisions being made in the future, whether due to public pressure or political considerations. It's unprecedented, the minister's power—

*Interjection.*

**Ms. Laurie Scott:** Well, she will have her time to speak.

So we think that's wrong, and it really worries me. Why does the minister need such broad authority? Are we once again to trust them to develop the right kind of regulations to restrict and confine that authority? This is definitely the most problematic aspect of the government's legislation, because the government has decided to allow for an unprecedented level of ministerial discretion and authority across a wide range of areas relating to police oversight. Once again, the message is clear: The government does not trust the police, and reserves the right to engage in political interference in policing oversight, if it suits them. This gives the minister way too much influence over the overall process.

But even when the government gets something somewhat right in this bill, they don't reach the best outcome. On the one hand, it's good to see the government take a relatively balanced approach on suspension without pay for police officers who commit serious off-duty crimes. I know that this has been something that the Ontario Association of Chiefs of Police was advocating for. But in the very next breath, the government fails to define what it considers a serious crime. Again, that's irresponsible because it leaves it too open-ended—say what you mean.

Michael McCormack, the president of the Toronto Police Association, said that the province needs a clear definition of a serious crime outside of duty. "It doesn't give the chiefs a sweeping power to suspend without pay at all." He also adds that he is concerned that the government plans to pass the legislation in the five weeks before the Christmas break. That was brought up when the government introduced the bill to the media. So why can't the government define what a serious crime is? Why the smokescreen?

Their failure to clearly define core police roles in legislation and now the failure to define what constitutes a serious crime will only cause further confusion among police officers. I just can't understand the government's rationale for these decisions.

Going further, Bill 175 states that the Special Investigations Unit director may investigate incidents involving a police officer, even if off-duty, in which a person dies,

is seriously injured or in which a firearm is discharged. Significantly, this power will extend to reviewing incidents that occurred in the past. This will, again, be very resource-intensive. I know some police officers have been concerned about the retroactive nature of this.

Then we come to the government's implementation of Justice Tulloch's recommendations. When Justice Tulloch released his report, the Report of the Independent Police Oversight Review, last April, he made over 100 recommendations, almost all of which the government has said it will adopt. At this point, I'd like to read into the record the Police Association of Ontario's submission in this regard. It's a powerful statement of what the police think of the changes proposed in the government's bill. It reads as follows:

"Since Attorney General Naqvi named Justice Michael H. Tulloch to conduct a review of Ontario's police oversight bodies, the Police Association of Ontario has been working diligently to ensure that the final product of the various consultations and analysis was in the best interests of all Ontarians.

"Under the proposed act, Ontario's oversight bodies would grow to a level out of step with public expectations of police oversight—beyond the practical ability of oversight agencies to do their work and the municipal and provincial budgets available for policing in Ontario generally. As drafted, this act would ensure poorer results for all interested parties.

"From our observation and experience it appears the oversight issue has snowballed beyond expectations since the public protests that gave rise to the appointment of Justice Tulloch. At that time, public and policing stakeholders were united in their view there were elements of the oversight system that required a review to ensure the process works for all Ontarians." We all agree.

"Unfortunately, while Justice Tulloch approached his work diligently, he took an extremely expansive view of his mandate, leaving not enough time and resources to tightly focus on the issues of reporting and efficiency that he was tasked to specifically examine. As a result, some of his recommendations lack evidentiary underpinning while others appear to be crafted to appease certain stakeholders. Instead of adopting his perspective wholesale, the legislation that is now flowing from that report should have been crafted with an appropriate balance between deference to his work and critical thinking.

"The legislation appears to presume there is a crisis in policing and oversight in Ontario that must be corrected.... Police are among the most trusted public institutions in Canada and, as reported in their respective annual reports, the vast majority of oversight investigations lead to no charges in the cases in the SIU and lead to no finding of fault in the case of the OIPRD (Ontario's public complaints body)." So when they give the illusion that there was a crisis in policing, we think that that is quite a distance from the truth.

**Hon. Michael Coteau:** Hear that?

**Ms. Laurie Scott:** "Contrary to sensationalized media coverage, evidence suggests"—



*Interjection.*

**Ms. Laurie Scott:** I'm reporting the evidence of the report—"for the most part, the oversight process is working despite the need"—changes, for sure—"for optimization in some areas such as reporting and efficiency.

"We are extremely troubled with some of the practical problems that will arise if the act is tabled as drafted.

"Both the SIU and OIPRD will quickly become overwhelmed with investigating matters and individuals the public expects would be investigated by local or provincial police. The result will be an inability to focus resources on those matters where there is a true public interest in an independent civilian reviewing of events. The public trust will only be harmed by such an unchecked expansion.

"We also have concerns with the incredible amount of scarce public resources that will need to be allocated to make the act a reality. In our estimation, both the OIPRD and SIU will expand their caseloads by at least a factor of 10. The majority of this expansion will take away from the duties of the oversight agencies which were created to ensure transparency, accountability and fairness in a timely manner for all affected parties."

This is a crucial point. Even setting aside all of the concerns that I've already mentioned about how the government's approach unfairly targets the important work done by our police officers, the government doesn't even have a plan for how it will implement any of these massive changes. Their answer is, no doubt, that it will be in regulations, but it is very important, with the new oversight, that they have the resources they need to do the oversight.

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For example, the Ontario Provincial Police Association's president and CEO, Rob Jamieson, welcomed Justice Tulloch's initial recommendations that the SIU conclude investigations in 120 days where possible:

"Putting timelines on that I think is good for the public, but it's also very good for our police officers, who in some cases are waiting up to 15 months to find out whether or not they're going to be charged criminally or not," he said.

"To us, that's just unacceptable." That's a quote from Rob Jamieson from the Ontario Provincial Police Association.

With the government saying it will follow all of Justice Tulloch's recommendations, I'm looking at things like this commitment to conclude SIU investigations in 120 days, and I can't see how the government is actually going to pay for it. The intentions are not enough. You hear that they want oversight and they want accountability, but when it can drag on for 15 months, that's just not fair to the police and it's not fair to the community that they are serving—that these cases drag out for such extensive lengths of time. I think the Ottawa Sun editorial from a couple of weeks ago titled "Liberals—Show Us the Money on Police Reforms" sums this up best. It says:

"The Office of the Independent Police Review Director, which currently receives public complaints, got more than 1,000 complaints about police officer conduct in 2015-16. It investigated 150 of them. The rest were sent back to police services to investigate.

"When the OIPRD becomes the new Ontario Policing Complaints Agency, the sole agency responsible for investigating public complaints, its workload is going to go up. How is it going to manage this huge caseload?"

Again, a very fair question—an absolutely critical question, and this government has no answer. How can we trust them to commit the resources that will be needed? I appreciate that we're going to be having some more debates about this, and maybe when we can get into committee we can find out some more details, but it is a very legitimate question. There needed to be a change in the oversight; we agree, but where is the money? Justice Tulloch's report and some of the people who worked on it agree that it needs to come with resources.

We've seen the government already fail to reinvest in the integrated guns and gangs task force, even though there has been a 58% increase in gun-related homicides in the city of Toronto in the past year alone. Coming back to the Police Association of Ontario submission:

"The corresponding budget required to properly equip these agencies with needed staff and resources in order for them to conduct investigations that the public would never expect them to conduct would be an unwise and structural drain on the public purse. To bring in such an expensive system at a time when municipalities are seeking to support legislation that will allow them to take resources out of policing would be unseemly. Hiving off valuable budget space that could be spent on the true issues present in policing such as interactions with vulnerable individuals and a better mental health support system is a poor use of precious resources."

Going back to oversight—that oversight changes were needed: If the government doesn't give them resources, is that going to affect what services they can provide on the front line? We know of the incredible increase of mental health situations that the police encounter: Usually over 30% of the calls are mental health-related in northern Ontario. I know that almost doubles on their police calls; that's just our society that we live in. We have to do a better job. The police are on the front line of mental health crises, and those calls are just incredible, when those numbers come out—over 30% of the calls are mental health-related, and in some areas of the province even more.

"We would encourage all MPPs to closely examine the proposed act. The PAO has been consistent in our message that practical, robust oversight enhances the public trust in policing and leads to improved outcomes across the policing spectrum. However, oversight run amok and driven by political considerations is in no one's best interests. An oversight system that is fair to both affected persons and professional police is our shared goal; unfortunately, the act, as drafted, will lead to negative outcomes for individuals on both sides of the issues



and a continued erosion of public confidence of policing oversight in Ontario.”

Mr. Speaker, what a profound condemnation of the major flaws in the government’s legislation. It really speaks for itself. The government has had this submission for months now, so we can safely say that the government simply ignored these concerns and plowed ahead.

Schedule 6, the Coroners Act—the final three sections of Bill 175, on updating the functions of coroners, the Missing Persons Act and Forensic Laboratories Act.

The revisions to the Coroners Act are significant. On the one hand, we will now see the chief coroner appointing coroners, not the LG in Council. That is a positive change that will probably provide an improved efficiency in the appointment of coroners and remove political considerations from appointments.

However, we also see some potentially problematic changes. One of them would allow the coroner to hold an inquest even in a case is where a police officer’s use of force was not a direct contributor to the death and requiring that the coroner must provide written reasons if the coroner decides not to hold an inquest. This is problematic both from the perspective of the coroner and the police officer. For the officer, it would mean that, even if an off-duty police officer stopped to pull someone out of a burning car who then dies, or if someone has a fatal heart attack in the back of the police car, that officer would automatically be suspended pending a coroner’s inquest. Do we really want our police officers to think twice about helping someone who is dying on the street for fear of being suspended from work? I know I don’t. That is not only unreasonable, but it will also put impossible pressure on coroners to investigate the additional cases that will inevitably result. This is work that they aren’t yet properly resourced for. Just think about the effect on morale of both police officers and coroners.

Speaking of morale, one element of the legislation says that anything seized by a coroner for the purpose of an investigation must be kept safe and secure but not necessarily with the police. What kind of signal does that send? It seems to imply that police should be automatically suspected of being evidence tamperers. How else can you look at that? I hope that wasn’t the government’s intent, but that’s certainly the intent that is given as it sits now.

Schedule 7 is moving on the establishment of a Missing Persons Act. That is something that is long overdue. The measures contained in this bill will allow officers to apply for an order for the production of records, such as telephone and banking records, to assist in locating a missing person or to apply for a search warrant to facilitate the search for a missing person.

It’s very important—let me tell you how important this is. In my work on the human sex-trafficking file over the past several years, I’ve heard countless stories of missing girls who have been forced into this modern-day form of slavery. There has been some amazing work done by community organizations, as well as both private and public sector organizations to help track these criminals to rescue the girls that have been sold for sex. With

the Missing Persons Act, police are allowed to do more investigations. It’s shocking that that didn’t exist before. This is one of the parts of the bill that is long overdue in coming. We have been trying to push for more attention.

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I’m trying to watch my time and get all these points in here, but one of the most amazing examples is Project Protect, which is the “partnership between the Financial Transactions and Reports Analysis Centre of Canada (FinTRAC), financial institutions and law enforcement that is using money trails to detect and investigate traffickers. Banks’ anti-money-laundering arms are starting to red-flag suspicious accounts, based on indicators such as multiple motel bookings, large expenditures at drug-stores,” ATM activity and credit card activity. “They report suspicious activity to FinTRAC, which in turn notifies law enforcement.”

In the year since it was launched, they made 102 disclosures to police across Canada under that Project Protect label, and that, again, back to a human trafficking survivor—training the financial institutions that we have in our country and them taking up the gauntlet and creating indicators that can flag activity. When I went to a presentation that they did, they were so proud of the work they had done and the fact that because of that, they were not only helping make arrests for human trafficking and rescuing victims; they were actually finding missing persons. That shocked them because, of course, when you get into this, you don’t know exactly what you may uncover. That was an incredible initiative, and I’m very proud of them for doing that. They are so thrilled at the impact that they are making.

You see the effect, and this kind of initiative underscores how important data is to our police. Providing those tools to our police officers is much needed and long overdue. I’m glad to see this finally happening. It brings us back to the resourcing issue, as always. Having tools is not the same thing as being resourced properly to carry out the work.

On the Forensic Laboratories Act, we have something that makes sense: Requiring mandatory accreditation for those carrying out laboratory tests for the purpose of legal proceedings is certainly a no-brainer, as is establishing an advisory committee to provide technical advice and expertise to the minister. Again, this is long overdue and will help to restore trust in the justice system, which was somewhat shaken in recent years with stories of unaccredited forensic laboratories providing false or misleading advice to the courts that led to wrongful convictions or the release of violent criminals.

Madam Speaker, that about sums up the content of the legislation at hand. I want to talk a bit about what’s not in the legislation—because there are some glaring omissions—in the time I have left. I’m sure it has been long enough for a lot of you.

One of the main issues that prompted the Police Services Act review in the first place was the growing public concern about fatal police shootings involving people who are mentally ill. Coming back to the Postmedia



editorial I mentioned earlier, “But this proposed law does not address the fact that the major cause of these tragedies in most cases, as numerous inquests have revealed, is not police wrongdoing, but the lack of mental health services for people in crisis.

“As retired Supreme Court judge Frank Iacobucci concluded in his exhaustive review of Toronto police use-of-force guidelines in 2014: ‘The effective functioning of the mental health system is essential as a means of preventing people from finding themselves in crisis in the first place. There will not be great improvements in police encounters with people in crisis without the participation of ... municipal, provincial and federal governments because ... they are part of the problem and need to be involved in the solution.’”

I say to the government: When is the Wynne government going to step up on that issue? I have been speaking about it practically my whole time here. It has just escalated since then. That’s yet another good question for the government that remains unanswered. Everything seems to be one of the stretch goals that they have with them. Once again, we see so much focus from this government on this bill on police responsibility without addressing some of the core issues that have been presented, such as a challenge to community safety like mental health.

There’s also another thing that police have been calling on the government to implement for years, and this bill would have been the perfect opportunity to do it. I’m speaking about updating the Mandatory Blood Testing Act to protect first responders. Currently, when a first responder ingests bodily fluid from an individual in the line of duty—for example, blood enters their mouths during CPR—they can seek a warrant under the Mandatory Blood Testing Act to have the affected individual’s blood tested for infectious diseases if the individual chooses not to give a sample voluntarily. While waiting for the results or the warrant, the impacted first responder must either take anti-HIV medication, which can be toxic to them, or wait until they get the results before taking medication, which means they risk infection.

I know my nursing stuff comes out a little bit here, but it’s a very simple request. Various police associations have raised concerns with the timelines for retrieval of a blood sample under the act, which oversees the warrant process, and that there is no process for testing the blood of deceased people or out-of-province people or people without a fixed address or ID. There are no real enforcement penalties for non-compliance with the act or even the warrant.

It’s a real concern affecting our front-line police officers. It’s something the government has been aware of for years but has done nothing to address. This legislation would have been a perfect opportunity to introduce such a change. Why is it still missing?

I can tell you why. The government simply refuses to listen to our police officers: another example of their failure to approach consultation in a real and meaningful way.

So, Madam Speaker, as I begin to close my remarks in the last few minutes, I wanted to reiterate my concerns with regard to the legislation as a whole.

First of all, the bill will allow the outsourcing of certain police functions to private organizations including security contracts, which carries with it significant community safety risks. The bill leaves far too much to regulation. It omits things that should certainly be codified in legislation. For example, the bill shockingly does not define what the core functions of police officers will be. The bill injects an unprecedented level of ministerial discretion into policing decisions. It lays the groundwork for potential political interference in policing and disciplinary decisions, which is extremely troubling.

The bill will make it harder for police to deal with violent criminals since it appears to presume bad intent on the part of the police. Finally, the bill significantly expands the bureaucracy associated with police oversight without a corresponding increase in resources.

I fully support the idea of modernizing policing for the 21st century. I’m a supporter of greater transparency. The government’s legislation doesn’t deliver on either in a way that we can be confident will work. Instead of modernizing policing, Bill 175 adds so many new bureaucratic structures and hurdles that will only make policing more difficult for our front-line officers. Instead of greater transparency, Bill 175 gives us a lack of clarity, open-ended definitions of key terms, and a massive increase in ministerial authority and discretion—the risk of politicization of policing.

Those concerns have been loud and clear from the Ontario Provincial Police Association; the Police Association of Ontario, which represents our municipal police forces; and the Toronto Police Association. Those things have to be taken seriously. They were not consulted to the degree that they thought they were going to be consulted before the final bill was brought forward. The government could have done a better job at working out some of the things that I have highlighted that are of great concern and that undermine the trust that the government has in the policing that goes on in the province of Ontario—not something a government, I believe, would want to do.

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The bill will ultimately drive up costs and increase burdens. Most of the changes put forward in this bill will require significant resources to implement, which the government did not address in their press conference or in their fall economic statement that we just had this week. If this bill took so long in the creation—the minister says it was five years—then I would think that the consultation—I think the majority of the heads of the police associations that I have been speaking about today have been there for a while. It’s not like they are just new to their jobs. They have certainly been with those associations and been representing their front-line police officers for a long time. This would maybe have been a little bit more effective legislation than we see before us.



If they don't intend to announce additional money to implement the bill, it will put impossible pressure on our institutions, and the legislative changes will be disastrous. The sad thing is, I don't think that the government cares. They just want to tick a box and worry about the consequences later.

Five years in the making—this government has been in power for 14 years. They've had lots of time to study this and maybe have gotten this more correct. As I said, the police associations have been more than willing to work with the government on this legislation. It's unfortunate that the people who will face the worst consequences of this government's track record of irresponsibility will be our front-line police officers, and ultimately all Ontarians, who will end up with less transparency, less accountability and a demoralized police force, meaning reduced community safety.

We simply don't trust this government to get this very important process right. They've had years to prepare for this reform, and they've missed the mark. Speaker, as you've heard, this is a bill that our police associations aren't supporting—and who could blame them?—with the government going out of its way to act against the interests of hard-working police officers. I've probably made many examples of that in this hour-long speech. But the fact is, the government didn't listen to the legitimate concerns of our police officers. They're offering no new resources to fund this major overhaul, and frankly, their policy track record doesn't give us much hope that they won't just bungle the implementation process of this bill, as they have so often done with past bills. That's why the official opposition cannot support this legislation as it presently stands.

I appreciate the fact that I've had this opportunity to speak today from a sitting position, which is not normal. Madam Speaker, thank you for the time that has been allotted me. I'm sure I'll hear some feedback from the government side. I appreciate the ministers involved being here in the Legislature listening today. I do appreciate that.

**The Deputy Speaker (Ms. Soo Wong):** Questions and comments?

**Mr. Wayne Gates:** Thank you very much for allowing me to speak to Bill 175, the Safer Ontario Act. I do appreciate the minister being here, as well.

We have 18,000 police officers in Ontario. This should always be about public safety. That should be the issue here: How do we get to public safety in the province of Ontario?

We all had the opportunity yesterday, I believe, where police officers came and talked to us about this bill. I think every party here had the opportunity: Liberals, Conservatives. This is what they're saying—and this is important. Minister, I'd really like you to listen to this, because this is really the key point here through this whole debate:

“This bill will allow police officers and other police professionals to be replaced wholesale by private providers. When it comes to providing the services that the

community expects in a professional, efficient, transparent and regulated manner, the Safer Ontario Act fails.” That's given to us by the Ontario police. That's what they were telling us yesterday.

It also says that in order to prevent broad privatization, before agreeing to a vote in favour of the House, Ontario representatives must insist that policing stays public. I'm looking to the PC who just did an hour lead, and I'm looking to the Liberals. I want you to stand up one by one and say: Do you believe that policing in the province of Ontario should stay in public hands? When people say, “Why is that like that?” Well, take a look at what has happened in health care, when we privatized health care, and some of the challenges that we have around health care. Do we want those same challenges in policing? Our police officers, who are doing their job every single day, are telling us that it has to stay public for one reason and one reason only. The only reason why I stood up today with two minutes here was to say that it has to make sure the public is safe.

**The Deputy Speaker (Ms. Soo Wong):** Questions and comments?

**Hon. Marie-France Lalonde:** It's a pleasure to be here in response to our critics on the PC side. Certainly I want to say thank you to all the men and women who every day put their lives at risk to protect us. When it comes to public safety, policing will always remain a key component of our public safety in Ontario, and I want to say thank you.

They were here yesterday. I know they had an opportunity to talk to us. I spent hours listening to some of their concerns. But at the same time that we are hearing this, we're also bringing forward, I would say, with this piece of legislation, a proactive model of policing that engages the entire community.

The member opposite says that it has potential to be effective, and I would say: It will be. We have to remember that Ontario continues to be the safest jurisdiction in North America, and it's largely due to the excellence of our policing.

That being said, what I heard when I went on ride-alongs all summer on a few occasions and encountered and met with police is that they need tools. There is a complexity now that, as they engage with the current situation that they're facing—we've talked about vulnerable citizens. A big component—and that's something that we have to be proud that we're bringing forward: a community safety and well-being plan where municipalities will look at local needs, address them, reflect on them and work in partnership with several sectors.

Madam Speaker, do you know what? I am very pleased to move forward this legislation. We have goals and we have a plan on this side, and this is why we're bringing forward this wonderful policy.

**The Deputy Speaker (Ms. Soo Wong):** Questions and comments?

**Mr. Lorne Coe:** I'm pleased to enter the debate this morning on this legislation. I would like to, first of all, commend the member from Haliburton-Kawartha



Lakes-Brock for her one-hour commentary on the legislation, pointing out some of the challenges with this legislation but at the same time acknowledging some of the initiatives that are based in the legislation.

I think where we've had success, Speaker—and you would acknowledge this—is where there's a broad and robust level of consultation with some of the key partnerships that we have—for example, with the police associations across Ontario. I had the opportunity, just like many members of the Legislature did. My colleague from Niagara Falls pointed out that we met with a number of the associations.

I met with the association from the region of Durham—the Durham Regional Police Association. They raised concerns about the general theme of the bill. They felt that the bill exposes the government's distrust of police officers and that the government didn't listen very well to some of the suggestions originating from the police associations, particularly from the region of Durham. One of the points they made, I think, is very important. It's a large association. Collectively, when you take into account their family members, it's 18,000 people who support the directions of the region of Durham's police association and others across the province. What they are looking for is legislation that underpins the respect for the work of police officers in protecting our safety. The member from Niagara Falls is right: The basic premise of this legislation is community safety and how we effect that community safety.

**The Deputy Speaker (Ms. Soo Wong):** Questions and comments?

**Mr. Taras Natyshak:** I want to congratulate our colleague the member from Haliburton-Kawartha Lakes-Brock on her one-hour lead. She did a great job, as always, in examining the bill and presenting it to us in a really easy-to-digest sort of way. What I think I gleaned from her speech was that there's a lot wrong with this bill, and it will have either intended or unintended consequences for our communities that I don't think are going to be for the better.

I'll have the lead on the bill probably next week, but there are two potential pitfalls. One is the opening up of police services to privatization in our communities. That means you are going to get potentially rent-a-cops at 15 bucks an hour attending emergency scenarios without the proper training, without the proper guidance and without the proper oversight. One that they're talking about is the police services dogs. That service could potentially be outsourced and privatized. These are professionals who currently use police services dogs for very specialized reasons. We can't mess with that. We shouldn't mess with that.

The other provision: We were all proud here, I think, as a Legislature, to extend post-traumatic-stress benefits in presumptive legislation for first responders. The bill today, as it's crafted under this Safer Ontario Act, will effectively eliminate police officers' ability to access post-traumatic-stress benefits, because the provisions establish the ability for police boards to essentially demote and

then fire police officers in the case that they get injured or suffer from PTSD. The government should be very concerned with this, as should all the members—

**The Deputy Speaker (Ms. Soo Wong):** Thank you. I return to the member from Haliburton-Kawartha Lakes-Brock to wrap up.

**Ms. Laurie Scott:** Thank you, Madam Speaker. Oh, I'm standing; I forgot I could sit.

Anyway, I appreciate the comments from the member from Niagara Falls. The biggest thing to remember is that this is about a public safety issue and how we deal with our front-line people who provide the biggest public safety service that we have. It is challenging to the police officers and the associations that we heard from. They are the ones who make our public safe. If they are upset and haven't been consulted properly, we should be very concerned about that and bringing this forward to the government.

I appreciate the Minister of Community Safety and Correctional Services speaking this morning. I'm sure we'll have more dialogue—or I hope that we're going to have more dialogue—on what we see as the challenges with this bill. When things aren't clearly enough defined, as in what is a core service and what is the reason why police can be taken off a police force because of something they have done off-duty—why are they not defining that in legislation? That's what gives fear and anxiety about what they are hiding and what they are going to change. Of course, the police are going to be upset with this and, of course, they should be, because when you leave a lot of things to regulation, you don't necessarily have the public discourse, which I mentioned before.

I want to thank the member from Whitby-Oshawa and the member for Essex for their comments. There will be many more comments to come about the concerns they have with this, as I said, 417-page bill that the government wants to ram through before the middle of December. It's quite a challenging feat and doesn't give itself to a lot of public changes that we would like to present.

Thank you, Madam Speaker, for your time.

*Second reading debate deemed adjourned.*

**The Deputy Speaker (Ms. Soo Wong):** Seeing it's almost 10:15, I will be recessing the House until 10:30.

*The House recessed from 1014 to 1030.*

## INTRODUCTION OF VISITORS

**M<sup>me</sup> France Gélinas:** I am glad to introduce Mrs. Jane Meadus as well as Christine Morano, who are from the Advocacy Centre for the Elderly; as well as Josef Méthot. Josef is an intern with me in the OLIP program. Welcome to Queen's Park.

**The Speaker (Hon. Dave Levac):** Welcome.

**Mr. Arthur Potts:** It's a pleasure to introduce a constituent, a neighbour and the executive director of the Nurse Practitioners' Association of Ontario here for a lobby day: Theresa Agnew is somewhere in this House.



**Mr. Jack MacLaren:** It gives me great pleasure to introduce a group of friends and colleagues from the Trillium Party of Ontario. In the members' gallery we have two candidates, Carlos Lacuna and George Garvida. We have Lionel Poizner, and his daughter, Leonor Poizner, and his wife, Samantha Poizner; Mahendra Pitamber; Liam Chokrev-Evans; Giselle Prudenco; Sheila Garvida; Zabeeda Pitamber; and Antonio Afable. Welcome to Queen's Park.

**Hon. Liz Sandals:** I'm delighted this morning to introduce the family of our page captain, Isabelle Funk. We have with us—from Guelph, I might add—her parents, Elisha and Justin Funk, and her brother, Frederick Funk, who we're trying to talk into becoming a page in the future too.

**Mr. Toby Barrett:** I wish to introduce and welcome Laura Van Berlo, here today with Ontario's nurse practitioners.

**Hon. Glenn Thibeault:** I want to welcome to the Legislature members from the Ontario Electricity Stakeholders Alliance and the Ontario Energy Association. Welcome to the Legislature.

**Ms. Sophie Kiwala:** I would like to extend a warm welcome to Jill Burkholder, my nurse practitioner from my riding of Kingston and the Islands. Welcome to Queen's Park.

**Hon. Reza Moridi:** Please join me in welcoming Mr. Babak Khodaparast from the International Federation of Inventors' Associations.

**Hon. Kathryn McGarry:** I'd like to welcome to Queen's Park today Paula Carrera, a nurse practitioner from the nurse practitioner-led clinic in Cambridge, and the other nurse practitioners here today.

**Ms. Andrea Horwath:** Speaker, it's my pleasure to welcome and introduce Alex Felsky, from your city of Brantford, and her husband, Tim Deelstra, to the Legislature. Welcome. I'm glad to see you here.

**The Speaker (Hon. Dave Levac):** I was going to get to that, because I have to wait until last, but thank you. I appreciate that.

The Minister of Community Safety and Correctional Services.

**Hon. Marie-France Lalonde:** It gives me great pleasure to say "welcome" to our great nurse practitioners. I had the pleasure of meeting with Denise Marion this morning from the South-East Ottawa Community Health Centre. As I understand, she's also a resident of our wonderful community of Orléans. So on behalf of the Ottawa caucus, welcome to all of you.

**Hon. Yasir Naqvi:** I want to welcome Hoda Mankal, who is, first and foremost, a good friend of mine, but also a nurse practitioner at the Carlington Community Health Centre in the great riding of Ottawa Centre. Welcome, Hoda.

**Mr. Lou Rinaldi:** I would like to welcome four people from the riding of Northumberland—Quinte West: Catharine Henderson, Dr. Robert Henderson, Victoria Welstead and Tim Lilleyman. They purchased Lunch

with Lou in support of Warkworth's Bridge Hospice. Welcome.

**Mrs. Cristina Martins:** I would like to welcome, along with Minister Sousa, a number of guests who are visiting here today from Portugal: Dr. José Cesário, deputy of the Assembly of the Republic of Portugal; Dr. Carlos Carvalho, mayor of the municipality of Tabuaço, Viseu; Dr. José Manuel Bolieiro, mayor of the city of Ponta Delgada, Sao Miguel, Azores; and Dr. José Andrade, cabinet chief to the office of the mayor of Ponta Delgada. They are accompanied here today by Ana Costa, of the Transmontano Folklore Group, which is celebrating their 36th anniversary this weekend. Bem-vindos.

**Hon. Brad Duguid:** I'm honoured to introduce a delegation here from our Albanian community, led by Ruki Kondaj, our Albanian champion. It also includes our ambassador, His Excellency Ermal Muça, who is here with us—was here with us; I don't know if he's here with us today. He may or may not be. The whole delegation is here to get us ready for Albanian Heritage Month. Welcome, and thank you.

**Hon. Kevin Daniel Flynn:** I'd like to inform the House that today's page captain is Sean Reynolds. He's joined by his mother, Karen Mino, and his father, Steve Reynolds. His grandparents are even here: Irene and Ronald Mino. On behalf of the member for Burlington, please welcome them all to Queen's Park.

**The Speaker (Hon. Dave Levac):** Welcome. Further introductions?

Following the leader of the third party, I too would like to welcome a constituent, Alex Felsky, and her husband. Thank you for being here. Welcome.

*Applause.*

**The Speaker (Hon. Dave Levac):** Yes, they can have applause. They're my constituents—good friends.

Also in the Speaker's gallery today we have with us Mr. Kaihan Ahadi, the consul general of Afghanistan to Toronto. He's accompanied by his wife, Mrs. Lida Hidayatullah Ahadi. Thank you very much for joining us. Welcome.

## ORAL QUESTIONS

### MINIMUM WAGE

**Mr. Patrick Brown:** My question is for the Premier. I would like to read a quote: "In the past, political whim and government ideology has ... driven minimum wage.... We have to bring in legislation to tie it to inflation and I hope we have the support of the other parties in the Legislature.... It is the fairest position that we could have taken."

Mr. Speaker, can the Premier tell us who said that?

**Hon. Kathleen O. Wynne:** I think I might have said that. Mr. Speaker, I said it at a time when the economy was really in trouble, when we were recovering from the economic downturn. We made a decision about tagging the minimum wage to the inflation rate, and that's



exactly what we will do after we raise the minimum wage: \$14 this January, \$15—

*Interjections.*

**The Speaker (Hon. Dave Levac):** We'll move to warnings if we need to. That will be the next move.

Finish, please.

**Hon. Kathleen O. Wynne:** —\$15 on January 1, 2019, Mr. Speaker. The plan that the opposition has put forward, to roll back that minimum wage increase, is unfair. It does not recognize the reality that people—

**Mr. John Yakubuski:** That's false. That's false.

**The Speaker (Hon. Dave Levac):** We're in warnings. Thank you. And they'll come quick.

Carry on.

**Hon. Kathleen O. Wynne:** It does not recognize the reality that people in the province—although the province is doing very well economically, there are people who are struggling to get ahead.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Patrick Brown:** Again to the Premier: I acknowledge the Premier's consistently fighting a \$15 minimum wage for years, when the NDP had proposed this. Now what's happened? Six months from an election—

*Interjections.*

**The Speaker (Hon. Dave Levac):** The government House leader is warned.

Carry on.

**Mr. Patrick Brown:** Mr. Speaker, for years the Premier steadfastly fought a \$15 minimum wage, and what happens? Six months before an election, she changes her tune. Let me share a more recent quote from the Premier on a \$15 minimum wage:

"This is a fair adjustment to the minimum wage and it gives businesses predictability."

"It takes the decision out of the realm of political whim...."

The Premier was fighting for business predictability against a \$15 minimum wage. Can the Premier tell us why all of a sudden she has changed her mind?

1040

**Hon. Kathleen O. Wynne:** Unlike the Leader of the Opposition, who is the leader of a party that froze the minimum wage for nine years, Mr. Speaker, I am part of a government that has increased the minimum wage year after year after year. I have never fought increases to the minimum wage. I have supported minimum wage increases.

When we made the decision to bump the minimum wage and to tag it to inflation, we determined at that time that because the economy was not in good shape, we wouldn't do that catch-up. That was something that was said to us, you know, that we should do a catch-up. At that time, we believed that that would not be responsible.

But, Mr. Speaker, I have always believed that a minimum wage that was a living wage was important. That's why we are putting in place a \$15 minimum wage that that party would roll back.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock, please. Be seated, please. Thank you.

Final supplementary?

**Mr. Patrick Brown:** Again to the Premier: I'd appreciate that we don't say false statements in the House, like a rollback that the Premier knows is absolutely false. But let me just say that the gist of my question is this: You've got TD Bank saying 90,000 jobs will be lost; you've got the chamber saying it's much more than that. We're going to see low-income, vulnerable workers lose their jobs because the Premier refuses to have a reasonable phase-in.

The Premier actually said something else recently. This is the Premier of Ontario: "We really want to move away from an ad hoc system.... We have to move very carefully because this is about making sure that we retain and create jobs." This is in speaking against the NDP proposal for a living wage. So you have the Premier saying it will kill jobs, and then all of a sudden she changes her mind.

If a year ago you think it killed jobs, why does the Premier think now that all of a sudden her previous statements don't exist?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock. Be seated, please. Thank you.

*Interjections.*

**The Speaker (Hon. Dave Levac):** Without the comments.

Premier?

**Hon. Kathleen O. Wynne:** Mr. Speaker, the economy in Ontario is doing very well. When we made a decision to tag the increases to the minimum wage to inflation, we were in a time when we were digging out of a recessionary hole. We've done that. At this moment, with the province doing as well as it is, it is only fair that everyone in this province, if they're working 40 hours a week, shouldn't have to go to the food bank. They should be able to look after themselves and their children. You're either on the side of fairness or you're not. You either believe that people should be able to feed themselves and their families or you don't. We believe people should be able to, and they apparently do not.

## HOME CARE

**Mr. Patrick Brown:** My question is for the Premier. Since I can't get an answer on her flip-flop on minimum wage, let's try another topic.

SEIU's ties to the secret new home care agency bring up some really interesting questions. Of course, the cozy ties between SEIU and Liberal insiders are very well known. But we've learned that a Liberal friend and insider, Barry Monaghan, has been tasked with leading this secret new agency. Barry Monaghan has been tied to other questionable Liberal dealings in the past.

My question, Mr. Speaker, directly to the Premier, is: How can the people of Ontario trust this agency to get it



right when they are stacking the agency with Liberal insiders and friends?

**Hon. Kathleen O. Wynne:** Minister of Health and Long-Term Care.

**Hon. Eric Hoskins:** Several years ago, we asked Gail Donner to create an expert task force to look at home and community care and what more we could do to support individuals who require those services.

*Interjection.*

**The Speaker (Hon. Dave Levac):** All right, let's go. The member from Dufferin-Caledon is warned.

Carry on.

**Hon. Eric Hoskins:** One of her 10 recommendations, that of the task force, was to create programs for self-directed care, understanding that there were individuals and caregivers receiving home care that wanted more control. They wanted choice, Mr. Speaker. They wanted to be able to select their specific PSW, for example. They wanted to be able to determine the schedule, the hours, themselves.

So we followed her advice, and through the LHINs, we're going to be doing two different programs. In one, we're going to give funds directly to home care clients so they can purchase those services themselves. But there are others who have chronic conditions requiring more than 14 hours of home care a week who don't want to be involved in negotiating contracts. They don't want to have to remit funds to Revenue Canada on behalf of employees—

**Mr. Steve Clark:** Looking after your friends, Liberal insiders.

**The Speaker (Hon. Dave Levac):** Okay, we'll go there. The member from Leeds-Grenville is warned.

Carry on.

**Hon. Eric Hoskins:** I'm happy to talk in the supplementary. We looked to other jurisdictions to see how they were addressing that problem. I'm happy to speak to that in a moment.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Patrick Brown:** I can appreciate why the Premier doesn't want to be on the record on this. The Liberals never miss an opportunity to take care of one of their own insiders. Barry Monaghan was the former CEO of the Toronto Central LHIN. Despite resigning, he was paid—

**Mr. James J. Bradley:** And Mr. Harper?

**The Speaker (Hon. Dave Levac):** Stop the clock. The chief government whip is warned.

*Interjection.*

**The Speaker (Hon. Dave Levac):** It's not my job.

Carry on.

**Mr. Patrick Brown:** Mr. Speaker, despite resigning, he was paid \$351,000 the very next year. While collecting this salary, Monaghan accepted a six-figure untendered consulting contract from the Mississauga Halton LHIN. That's \$455,000 taken away from front-line services.

I get that the Premier doesn't want to answer this question, because how can she look the people of Ontario

in the face and say that she thinks a \$455,000 salary for a Liberal insider at the expense of front-line care is appropriate? But I can ask the Premier again: Is this appropriate? Is that salary appropriate when you're cutting nursing and you're cutting health care in the province of Ontario?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Minister?

**Hon. Eric Hoskins:** Mr. Speaker, the reality is that individuals who are receiving that complex and that chronic care from home care providers often have little knowledge or ability to take the time to deal with things like employer taxes, employee benefits and how to conduct background screenings of PSWs. So we looked around the world. In fact, we looked at successful models that have been implemented in Washington, California, Australia, Germany, France, Scotland, Massachusetts, Michigan, Oregon and many, many states in the United States that have successfully, with great outcomes and great patient/client satisfaction, provided this service as an intermediary.

Those back-office functions, if you will—negotiating contracts, doing the background checks on PSWs, for example—those will be done by an organization to provide that extra choice to home care clients.

I would hope that the member opposite, the leader of the official opposition, would agree that choice is important.

**The Speaker (Hon. Dave Levac):** Final supplementary.

**Mr. Patrick Brown:** Mr. Speaker, the question is to the Premier again. Previously, the Liberals got caught paying a Liberal insider \$455,000. Now they're going back to the same insider, trying to "thank" them again. They create complex schemes as a manner in which to thank their own.

The reason I'm concerned about this, beyond that it's wrong to simply always look at ways to thank Liberal insiders and supporters, is that the Auditor General has said that we now spend 39% of our home care budget on administration. They're creating bureaucracy, they're creating administration just to take care of their own and they're cutting front-line services. It's not acceptable.

We've outlined the ties between the Liberal Party and SEIU. Now we've got insiders who are visibly and publicly being thanked by the government in this new secret agency. My question to the Premier is, how can you tolerate this? How can you allow this? How can you allow front-line services to be diminished while you take care of your own? It's not right.

*Interjections.*

**The Speaker (Hon. Dave Levac):** I wish I knew who it was.

*Interjection.*

**The Speaker (Hon. Dave Levac):** That's not helpful either.

Minister?

**Hon. Eric Hoskins:** Mr. Speaker, the only person that's it's secret to is the Leader of the Opposition, be-



cause he's so busy trying to concoct a plan for his party, which is completely absent. If he had been paying attention, he would have known that we announced this in early October to much fanfare, in front of the media, in front of home care clients and the providers themselves. It's on our website. We've been discussing it and consulting with our partners.

This is about choice, Mr. Speaker. It directly follows an explicit recommendation of our task force on home and community care. In fact, in that same announcement, I announced \$100 million of new investments into home care this year, more than a million PSW hours added to home care.

1050

I know he missed that. I don't know what he was doing. But this is a great plan, a great program that is being rolled out across a dozen or more US states, as well as across Europe and Australia. That's the model we're following.

### HOSPITAL FUNDING

**Ms. Andrea Horwath:** My question is for the Premier. A few days ago, an Ontario doctor named Sohail Gandhi wrote an article expressing his concern about the readiness of our hospitals for a surge in patients due to this year's flu. Specifically, he said, "Ontario can't handle a surge in flu cases."

With many Ontario hospitals regularly operating over 100% capacity even before flu season takes its toll, will the Premier heed the warnings of doctors, nurses and nurse practitioners, who are here with us in the gallery today, and all health care professionals, and finally give hospitals and front-line health care workers the resources they need to take care of the people of this province?

**Hon. Kathleen O. Wynne:** First of all, I want to acknowledge the nurse practitioners who are here with us today, who do a fantastic job. We are so proud—

*Applause.*

**Hon. Kathleen O. Wynne:** Yes—of all of them. I'm so proud of the support that our government has been able to give to nurse practitioners. We know that there is more we can do to work with them as they lead nurse practitioner-led clinics, as they practise to their full scope in our communities.

Mr. Speaker, to the issue of the surge capacity: I know the Minister of Health and Long-Term Care will want to speak to this, but we recognize that there is a need to expand the opportunities for hospitals, for the health care system to provide for that surge, which is why there are more beds that are being available. We are responding to that challenge. We are working to solve the problem, and that's exactly why there will be an expansion of beds in the province.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Andrea Horwath:** Dr. Gandhi noted that this summer there was a "shortage of beds in neonatal intensive care units" that affected the entire province. The Premier's Ministry of Health told reporters that this was a

one-time event, but Dr. Gandhi says, "This is just ridiculous."

Health systems need to plan for the unexpected. That's why it's so important that bed occupancy rates in hospitals stay at or below 85%. Ontario's hospitals are regularly exceeding 100% capacity. It's one thing when there's a bed shortage in the summer, when there are almost no flu cases to deal with; what will happen when already overcrowded hospitals are forced to take in even more patients this winter as the flu season is upon us?

**Hon. Kathleen O. Wynne:** Minister of Health and Long-Term Care.

**Hon. Eric Hoskins:** Once again, the NDP are asking us to provide a solution, we provide a solution, and they don't like our solution. They seem to oppose everything we do, every single investment in our health care system, not the least of which was our investment of \$7 billion in additional funds over the next three years in our health care budget, which they voted against.

Just a few weeks ago, we announced 2,000 additional beds and spaces across this province, including 1,200 new acute-care beds that would address capacity issues. By the way, the vast majority of our hospitals, unlike what the leader of the third party said, are well within capacity. We made that investment of 1,200 new acute care beds, as well as more than 500 transitional spaces, like the former Humber River Hospital site that they don't like.

**The Speaker (Hon. Dave Levac):** Final supplementary?

**Ms. Andrea Horwath:** Health care professionals warned that this year might be a particularly bad year for the flu in Ontario. Ontarians are rightly concerned about where people are going to go when hospitals are already bursting at the seams. Dr. Gandhi says, "We know the hospital system has no surge capacity. If you are already at 110%, where's the room to surge?"

Well, Premier, where is the room to surge in a place like Brampton Civic Hospital, where last year 4,352 patients were on stretchers in hallways getting care?

**Hon. Eric Hoskins:** I wonder what her members think, whether they approve or disapprove of the fact that we're adding 20 new acute inpatient beds to Windsor Regional Hospital. I wonder what the members from the Windsor area think about that, or London Health Sciences Centre, where we're adding 24 new acute care inpatient beds as well as an additional 24 acute care mental health beds to London Health Sciences Centre. I wonder what her MPPs from the London area think about that.

Or Hamilton Health Sciences: The leader of the third party herself, what's her response to the 30 additional inpatient beds at Hamilton Health Sciences, the three neonatal intensive care unit beds we're adding to Hamilton Health Sciences, the 26 in the Niagara Health system, the 24 at St. Joseph's community health centre in Hamilton, the 22 at Lakeridge in Oshawa? I'm curious to know what her members—

**The Speaker (Hon. Dave Levac):** Thank you. New question.



## HOSPITAL FUNDING

**Ms. Andrea Horwath:** My next question is also for the Premier. There were no new commitments in this week's economic update to give families hope that when they go to the hospital, they're actually going to get a room and not a hallway, not a broom closet, not a shower room.

The temporary beds that the Premier has announced and that the minister was just talking about don't even come close to meeting the glaring need for stable, predictable, adequate hospital funding. We have doctors speaking out, nurse practitioners speaking out, patients speaking out, because this situation is only going to get worse when the flu hits. Why is the Premier ignoring the advice of health care professionals and playing a very dangerous game with the health and safety of the people of Ontario?

**Hon. Kathleen O. Wynne:** Minister of Health and Long-Term Care.

**Hon. Eric Hoskins:** We are responding and we are investing and we are concerned about the potential of the record bad flu season that happened in Australia, that that could visit us this winter as well. That's why we're encouraging everyone to get a flu vaccine.

But I find it curious that every single investment that we've made this year and last year and before that, the NDP has opposed. The \$500-million investment in our hospital operating budgets, they voted against. We worked closely with the Ontario Hospital Association precisely to create these 1,200 new acute care beds that we're investing in, and they seem to oppose that as well. We're making 500-plus new beds available for transitional spaces, like the 150 at the former Humber River site on Finch Avenue here in the GTA. They're opposed to that.

Every single investment that we're making on behalf of our hospitals, our hard-working front-line health care workers, including our nurse practitioners, they seem to oppose.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Andrea Horwath:** Well, winter is coming and the flu season is coming with it. We know from medical experts that it's going to be a particularly bad year. We know from medical experts and people using our hospitals that right now, before the flu season has taken its toll, people are already facing unacceptable conditions and delays in receiving hospital care. We know that hospital administrators and front-line staff are doing what they can to keep up. We know that the Premier has failed to offer up a plan that will even make a dent in the overcrowding crisis that she and her Liberal government have helped create.

When will the Premier take this bad flu season seriously, stop defending the actions of her health minister and put her focus back where it should be, which is on the health and well-being of Ontario families?

**Hon. Eric Hoskins:** The leader of the third party is correct that winter is coming. Winter is coming if that party ever returns to power in this province. It will be a

dark day. And for the benefit of our nurse practitioners and others who are watching today, it was that party, the five years that they were in power—

*Interjection.*

**Hon. Eric Hoskins:** I know they don't want to hear this, but they closed 9,600 acute care hospital beds. They closed 24% of all the acute hospital beds in this province—only beaten by the PCs, who closed 10,000, but they were a close second. They closed 13% of the mental health beds in this province. In their last budget, they decreased hospital funding by 1% and they reduced the overall health care budget by 0.6%, the second year in a row. They took 230 drugs off the formulary and they delisted home care. That's their record.

**The Speaker (Hon. Dave Levac):** Final supplementary.

**Ms. Andrea Horwath:** I'm going to leave the Premier with one final thought from Dr. Gandhi. He said, and I quote—

*Interjections.*

**Ms. Andrea Horwath:** You know, I find it very disturbing that the Liberals are joking about the health of the people of this province and the mess they've made in our hospitals. It's disgusting. It is disgusting.

Here's what Dr. Gandhi said: "Physicians already know that due to the woeful mismanagement of the Ontario health care system by Premier Kathleen Wynne and her hapless health minister Eric Hoskins, Ontario hospitals simply don't have the resources to cope with a surge of patients."

1100

Clearly, the Premier and her Minister of Health have not inspired much confidence so far with their ability to handle a potential flu surge. There's an important role for the province to play here, Speaker. We need to ensure that Ontario families have the health care that they need, even during a surge caused by a particularly bad flu.

Does the Premier plan to rethink her approach to hospital funding so that families can actually receive their medical treatments in rooms and not in hallways?

**Hon. Eric Hoskins:** Dr. Sohail Gandhi—I particularly enjoy his Huffington Post articles. I know that he likes to target me specifically, but I appreciate that he's active and is putting his opinion forward.

In 2014, in the election, the leader of the third party refused to identify where—the member from Kitchener-Waterloo, the NDP candidate at the time, declared that they would find \$600 million in annual savings from health and education. Had they won that election in 2014, we would have seen—

*Interjection.*

**The Speaker (Hon. Dave Levac):** It might be somebody sitting in a different seat that I can't see. I'm not sure. I think he knows why I did it.

Carry on.

**Hon. Eric Hoskins:** The member from Kitchener-Waterloo went on to say, "I would go first to health" to find those \$600 million in cuts. I think that's on record as the worst campaign platform suggestion, next to the PC commitment to cut 100,000 jobs.



## PROPERTY TAXATION

**Mr. Victor Fedeli:** My question is for the Premier.

A senior, a widow on a fixed income in rural northern Ontario, has raised serious concerns with the Premier over the last 18 months. She was sent a notice that her property assessment will jump from \$78,000 all the way to \$186,000. It means that she's now facing a tax bill as high as \$11,200. It would take 11 months of her widow's pension just to cover her tax bill. And to make matters worse, this is a home without sewer and water, side-walks, natural gas, cable or even neighbourhood parks. How is that fair, Speaker?

How does the Premier expect a senior on a fixed income to afford to live in the high-cost Ontario that she has created?

**Hon. Kathleen O. Wynne:** Minister of Finance.

**Hon. Charles Sousa:** I appreciate the question, and we recognize the concerns that he raises. That's why MPAC has been established, to look at the comparators around the province, including in his community. Members of the municipality also sit on that board and also provide for assessments. I would encourage anyone who feels that it has been too high to do the appeal, as is available to them, and to provide the adjustments.

I also recognize—the member may want to express this to his constituent, a senior, that there are other options available to them, and if he doesn't, I'm happy to do so.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Victor Fedeli:** Back to the Premier: It has been 18 months, so platitudes don't do anything for seniors facing these outrageous increases. She has been asking for help for 18 months and has received nothing.

In March 2016, the local Liberals refused face-to-face meetings. In October 2016, the Premier offered her personal assistance but took no action. She doesn't need a fact-finding mission from the Premier's office; this northern constituent needs action today.

This widow is not alone. There are 40 other families in this northern community struggling with the same issue. How is that fair?

Will the Premier take action today, or does she need longer than 18 months to address this?

**Hon. Charles Sousa:** Let me get this straight: This is the member who represents the senior? This is the member's constituent? If it is, he should have allowed that senior the options to talk to the municipality about the flexibility in adjusting those rates to provide assessments that we can phase in over a four-year period, and there are other measures that are currently available.

I hope he has also advised the senior of some of the measures that are being done right now to help seniors, in a suite of options. Just recently we released Aging with Confidence—it's in this fall bill—that enables us to provide even greater supports for seniors on an ongoing basis, including more care at home, all of which are entitlements that will help seniors. I hope the member opposite will support those initiatives.

## HEALTH CARE

**Ms. Catherine Fife:** My question is to the Minister of Health and Long-Term Care. Last week, I met with long-term-care health workers in my riding. They're tired, they are understaffed and they are always working short. They shared the stories of families with parents and grandparents who are on the wait-list for long-term care. Instead of being in long-term-care facilities and homes like they deserve, they are left with no choice but to go to overcrowded hospitals for 24 consecutive months.

In Waterloo region, Grand River Hospital has been operating over capacity in many of their divisions for 24 consecutive months. We are seeing the results of years of Liberal and Conservative cuts: There are too many people on long-term-care wait-lists and not enough beds in our hospitals.

Whether it's in a long-term-care home or a hospital, the people of Waterloo and all Ontarians deserve safe and consistent care. What is the government's plan to make sure that all Ontarians get the care that they need?

**Hon. Eric Hoskins:** I have the capacity levels of every single hospital across the province in front of me. I'm looking at Grand River Hospital, which was the hospital mentioned, in the member opposite's riding—and I appreciate her raising this question. Every single month, from April to September, that hospital was below capacity—every single month.

Nonetheless, and despite that, as part of our announcement several weeks ago for the 1,200 new acute-care beds, we made an additional allocation of seven additional acute in-patient beds to Grand River Hospital and are providing just under half a million dollars to support those beds.

We're making those investments that are critically important across the province, those investments to help those hospitals that are facing challenges to be able to provide and continue to provide the best possible patient care.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Catherine Fife:** Again to the Minister of Health and Long-Term Care: In Waterloo region, there are 2,625 people on the wait-list for long-term care. The LHIN shared these numbers with us. But when I asked the minister for data on occupancy rates for Grand River Hospital and St. Mary's hospital two weeks ago in committee, I was told that the minister had to consult with ministry staff. I also sent a letter to the minister, but have yet received no answer.

The people of Kitchener-Waterloo and Ontario—everyone deserves to know the state of their hospitals because, in order to fix a problem, you have to acknowledge that the problem exists. We have the data from our freedom-of-information request. Unless you are challenging that data, you need to be held accountable for the state of overcrowding in our hospitals and the pain that you are causing the people of this province.

*Interjections.*



**The Speaker (Hon. Dave Levac):** Be seated, please. Thank you.

Minister?

**Hon. Eric Hoskins:** I appreciate the question from the minister of cuts, the same individual that, in 2014—

*Interjections.*

**The Speaker (Hon. Dave Levac):** Just titles and ridings, please.

**Hon. Eric Hoskins:** —the same individual that, during the 2014 campaign, committed to finding \$600 million annually in savings. In fact in the NDP platform—this is from the CBC—they were silent initially on exactly where that \$600 million that the member opposite committed to finding, but “One broad hint emerged on the campaign trail ... when Kitchener–Waterloo NDP candidate Catherine Fife said the NDP’s new accountability minister would look to find efficiencies in the health care and post-secondary education sectors.”

In fact, she went on to say, “I would go first to health.”

Had they won in 2014, we would have seen \$600 million in health care cuts in 2014, \$600 million in cuts in 2015, \$600 million in cuts in 2016 and so on.

#### NURSE PRACTITIONERS

**Mr. Arthur Potts:** My question is to the Minister of Health and Long-Term Care. Let me just say what an effective job he is doing answering so many questions in the House today and putting to rest some of these rumours from the other side.

Speaker, we all know that providing Ontarians with timely access to the care they need, whether it’s at home, in their community or in one of our outstanding hospitals, is of the utmost importance to our government and certainly to me as the member for Beaches–East York.

1110

Over the past 14 years, our health system has improved tremendously. We’ve increased our investments in health care each and every year, allowing us to treat more patients and to provide the highest quality of care. We are so fortunate in Ontario to have the exceptional health care providers that we do, including over 3,100 nurse practitioners. In many community health hubs, such as the East End Community Health Centre in my riding of Beaches–East York, nurse practitioners are providing important functions.

Can the Minister of Health and Long-Term Care share with us the positive impact that nurse practitioners are having on the health care system in Ontario?

**Hon. Eric Hoskins:** I want to thank the member for Beaches–East York for this important question. First of all, I want to welcome and thank our nurse practitioners across this province, who are doing an absolutely exceptional job in providing the highest-quality health care.

We introduced the first nurse practitioner-led clinic. There are now 25 of them in the province. They’re seeing 55,000 patients. We’ve measured, together with our

nurse practitioners, outcomes and patient satisfaction. We’re finding that patient satisfaction and outcomes of our nurse practitioners in those nurse practitioner-led clinics are through the roof. Patients love them, and the outcomes are absolutely fantastic.

We’re so committed to our nurse practitioners, wherever they may practise. That may be in our hospitals—

**Mr. Gilles Bisson:** How about some hospital beds so they can take care of their patients, or long-term-care beds?

**Hon. Eric Hoskins:** —it may be in our nurse practitioner-led clinics. Many of them work in positions of leadership, Mr. Speaker—

**The Speaker (Hon. Dave Levac):** The member from Timmins–James Bay is warned. If he gives me a rebuttal, he’ll regret it.

Carry on.

**Hon. Eric Hoskins:** We know how crucial they are to this province in providing that highest-quality health care. We’re committed to continuing to work with them. I’ll be happy, in the supplementary, to speak more in terms of some of the actions we’re taking to further support them.

**The Speaker (Hon. Dave Levac):** Supplementary.

**Mr. Arthur Potts:** Today, we are celebrating the very first Nurse Practitioner Week in Ontario, and I, too, would like to welcome all the nurse practitioners who are here today.

We know that, every day, nurse practitioners care for people with mental health and addiction issues, acute and chronic pain issues, and people who require palliative care and end-of-life care. They are a crucial aspect of community care and also across hospitals and long-term-care facilities.

A decade ago, as the minister mentioned, the first nurse practitioner-led clinic was opened in Sudbury. In Dorset, Ontario, where my mother has a cottage, a nurse practitioner station opened nearly two years ago, and I tell you that it serves that community extremely well. And just last month, the Premier was up in York region to announce a new facility in Georgina also being led by nurse practitioners. We now have 25 nurse practitioner-led clinics across the province, and Ontario has been the first jurisdiction to adopt this fantastic model.

Can the Minister of Health and Long-Term Care please inform the House of the investments we’ve made in nurse practitioner-led clinics?

**Hon. Eric Hoskins:** We know how crucial nurse practitioners are to this province. We’re working with them. An example of that is that we’ve expanded their scope of practice to enable them to prescribe controlled drugs and substances. This is critically important for a myriad of reasons, not the least of which is that, in the small towns and remote areas, they’re often the only health care and the best health care that’s available. To give them that opportunity to address some of the needs of their patients is so important.

We’re also expanding nurse practitioner-led clinics. The Premier recently—last month, I believe—was at the



Georgina Nurse Practitioner-Led Clinic, announcing funding there for a permanent clinic to replace the existing building with a brand new facility that will serve more than 3,000 patients. I believe it was last week that the member from Thunder Bay–Atikokan, as well, was announcing an expansion of the Lakehead Nurse Practitioner-Led Clinic in that jurisdiction,

We're finding every way that we can to recognize just how critical they are to the delivery of health care in this province.

### SEXUAL ASSAULT TRAINING

**Ms. Laurie Scott:** My question is to the Attorney General. This afternoon, the Legislature will be debating my private member's bill, the Mandatory Sexual Assault Law Training for Judicial Officers Act. As the minister knows, I've been pushing this issue for quite some time. The minister has told me before, in this House, that he is satisfied with the status quo. Unfortunately, the status quo does not go far enough.

A few months ago, I was copied on a letter of support for my bill from the Elementary Teachers' Federation of Ontario which was addressed to the Attorney General. The letter said that, since the training the minister announced "won't be mandatory for current provincial judges, victims of sexual assault appearing before the provincial courts still run the risk of experiencing negative and damaging comments and rulings from the presiding justice."

Will the government listen to the call from the Elementary Teachers' Federation of Ontario and support Bill 120 this afternoon?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Stop the clock, please. Be seated, please.

Attorney General.

**Hon. Yasir Naqvi:** Let me be absolutely clear: Sexual assault is a very serious issue that demands attention from all levels of government and all our institutions. Supporting survivors is really important to me because I know, as they move through the justice system, that these processes have the potential to re-traumatize the victims, and we want to do everything we can to ensure that that does not happen.

That's why we have dedicated legal supports. That's why we have specially trained crowns and free legal advice for survivors of sexual assault. That is why I'm also pleased—as I have said before—that the Chief Justice of the Ontario Court of Justice has informed me that the court has expressly mandated that sexual assault education be mandatory for new judges. The education plan has been updated and is available on the Ontario Court of Justice website. I'm confident that the action that has been taken by the Chief Justice will serve to increase public confidence in our justice system.

**The Speaker (Hon. Dave Levac):** Supplementary.

**Ms. Laurie Scott:** The only reason the government even did anything on this issue in the first place is be-

cause we brought it up. It's not like it's a new issue. Now it looks like the government treated this as a public relations problem that they just wanted to get rid of by hiding behind the argument of judicial independence. The bill doesn't tell them what form this training should take or how they should deliver it. That's up to the judges.

The fact is that mandatory training will build trust in our justice system that is lacking as a result of so many incidents reported in the media. Since the minister doesn't look like he's going to be supporting this bill, what is he going to tell survivors who have been begging for this change?

**Hon. Yasir Naqvi:** The Minister of the Status of Women.

**Hon. Indira Naidoo-Harris:** I want to thank the member opposite for this question. Sexual violence is a brutal and traumatic crime. The reality is that it's far too widespread in our society and has a devastating and lasting impact on survivors and their families.

I want to commend the Chief Justice's efforts in implementing mandatory sexual assault training for new judges. This is an important step. But I want you to know that our government has been working on this issue for some time. As a government, we have done a lot through our sexual violence and harassment action plan to change societal behaviours, because that is where the work has to start. Training is always an important step, and that's why we've invested \$1.7 million into training for frontline professionals.

We are taking action across government through It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment, which we brought into effect in 2015. We have been working on this issue for many years.

### LABOUR DISPUTE

**Ms. Andrea Horwath:** My question is for the Premier. We've just learned that college faculty have said no to a contract offer that they were forced to vote on this week. This strike is now in its fifth week, and students and faculty alike have been begging the Premier to bring stability to the college system by acting to ensure a negotiated settlement between college faculty and the College Employer Council.

The Liberal government laid the foundation for this strike by severely underfunding colleges, providing the lowest per student college funding of any province in Canada. Now they have spent five weeks sitting on the sidelines, hoping that everything will work out.

Why is the Premier refusing to act to ensure a negotiated settlement that is fair for faculty and is focused on delivering the high-quality education that students paid for and that students deserve?

**Hon. Kathleen O. Wynne:** I would expect that the leader of the third party would actually understand the collective bargaining process and would know full well that we have taken an appropriate role. We have not been sitting on our hands. There are mediators from the government who have been involved. I want to read to



the Legislature and the people of Ontario the statement that I have sent out in the wake of this vote:

"Students have been in the middle of this strike for too long and it's not fair. This afternoon I will be meeting," along with the Minister of Advanced Education and Skills Development, "with the bargaining unit chairs of the College Employer Council ... and OPSEU CAAT-A to discuss how we can resolve this situation immediately and get students back to class where they belong. We are looking at all of our options, but I am hopeful that an agreement to return students to class immediately can be reached by the parties."

The minister and I will be meeting with the parties this afternoon.

1120

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Andrea Horwath:** Speaker, today's vote puts us right back where we were on our October 16, except that students have lost five full weeks of time in classroom and have no idea when they will be getting back to school. No amount of hardship funding is going to help students—some of whom are experiencing extreme mental health distress—who see a government that doesn't seem to care about them or their future. Promises about semesters never being lost—

*Interjections.*

**The Speaker (Hon. Dave Levac):** The Minister of Economic Development and Growth is warned.

Please continue.

**Ms. Andrea Horwath:** Promises about semesters never being lost do nothing to reassure students who are more concerned about the content that they will miss as opposed to the course credit. Surely the Premier actually has a plan, as opposed to just a little discussion. Surely she has a plan about how she is going to ensure that a fair deal is reached and support students through this process. I'm going to ask the Premier straight up: What is the plan to make sure a fair settlement is reached and students are back in the classroom?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Thank you.

Premier.

**Hon. Kathleen O. Wynne:** Mr. Speaker, I will say again to the leader of the third party that she knows or should know full well that the next step at this point is for us to bring together the parties and give them the opportunity to come to an agreement. I support the collective bargaining process—I would have thought that the leader of the third party would also support the collective bargaining process, Mr. Speaker—so I'm very hopeful that the parties will understand that this has been a very long ordeal for students and for faculty, that they all want to be back in the classroom, and that we need those students back in the classroom immediately.

The minister and I will meet with the parties this afternoon and we will put it to them that we hope that they will be able to come to an agreement very quickly so that

the students and the faculty will be back in the classroom immediately.

## INDIGENOUS ECONOMIC DEVELOPMENT

**M<sup>me</sup> Nathalie Des Rosiers:** Monsieur le Président, ma question est pour le ministre des Relations avec les Autochtones et de la Réconciliation.

I believe, like many Ontarians, that reconciliation with indigenous communities is crucial for the future of the province and that it must involve participation by the indigenous communities in the resource economy, because that's where there's meaningful employment and that's where there's good business opportunities for the indigenous communities. I know that our government is committed to working with indigenous partners to ensure that they can participate in the resource sectors such as mining, green energy and forestry. Minister, can you explain how the Ontario government is working to ensure the participation of indigenous communities and that they will share the benefit of resource development throughout the province?

**Hon. David Zimmer:** I thank the member for Ottawa-Vanier for that question.

Speaker, our government is committed to ensuring that indigenous peoples share in the benefits of resource development. We are pleased with the progress to date on our dialogue with indigenous partners on the whole issue of sharing the benefits of resource development.

The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples and our historic political accord with the Chiefs of Ontario both include a commitment to work with indigenous peoples on the shared priority of resource benefit sharing.

Throughout the fall of 2017, the ministries have had very productive and respectful discussions on resource revenue-sharing. We look forward to continuing this dialogue to negotiate resource revenue-sharing for forestry, stumpage, mining tax, royalties and related matters.

The support that we've received from our indigenous partners in resolving this issue stems from programs like our \$650-million Aboriginal Loan Guarantee Program—

**The Speaker (Hon. Dave Levac):** Thank you. Supplementary.

**M<sup>me</sup> Nathalie Des Rosiers:** I want to thank the minister for his response and also for his leadership in leading our much-needed reconciliation efforts throughout the province.

It is my understanding that the ministry is conducting a pilot project of revenue-sharing in the forestry sector. As we know, the forestry sector is very important to Ontario, and I believe resource revenue-sharing is important in that sector particularly because of its ongoing close relationships with indigenous communities in the localities.

Can the minister explain the status of this resource revenue-sharing in the forestry sector?

**Hon. David Zimmer:** Minister of Natural Resources and Forestry.



**Hon. Kathryn McGarry:** Thank you to the member from Ottawa–Vanier for the supplementary.

My ministry conducted a successful forestry pilot in resource revenue-sharing. As the Minister of Indigenous Relations strongly affirmed, Ontario believes the path to reconciliation is through strengthening relationships with indigenous peoples.

Building on the success of the forestry resource revenue-sharing pilot, I can inform you that throughout this fall, both my ministry and the Ministry of Northern Development and Mines have had productive and respectful discussions with First Nations and look forward to continuing discussions with our partners on resource revenue-sharing in the mining and forestry resource sectors.

I'm particularly pleased that Ontario is working with First Nation partners with a view to negotiating resource revenue-sharing arrangements for forestry stumpage, mining tax and royalties. Our ministries continue efforts to enhance indigenous voices within development opportunities specific to mining and forestry.

#### HOSPITAL FUNDING

**Mr. Jim Wilson:** My question is to the Premier, and I appreciate the Premier taking this question.

In June of this year, the House unanimously approved my private member's resolution asking for the immediate release of planning grants for the hospital redevelopments in Collingwood and Alliston. It has now been more than six months since my resolution was passed, and nothing has happened. No approvals have been given by this government.

**Mr. Speaker,** to the Premier: When will this government follow through and release the money to allow these critically important projects to move forward to the next stages of planning?

**Hon. Kathleen O. Wynne:** I know the Minister of Health and Long-Term Care is going to want to speak to the specifics of this question, but as I understand it, there is a conversation that's ongoing with the ministry about the go-forward and the next steps. I look forward to us working with the communities to make sure that these plans can move forward.

But I know, as I said, that the Minister of Health and Long-Term Care will want to give the member the specifics.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Mr. Jim Wilson:** Back to the Premier: I appreciate it. I'd like to hear from the minister, because this has been going on for quite a long time—a couple of years now; three years.

The House did pass it. The Parliament had spoken six months ago. Both hospitals have spent well over \$1.5 million of their own front-line health care money to do the planning so far. The minister has been good and the LHIN has been good to encourage us to keep moving forward, but you haven't flowed any money, and it could be up to \$12 million each to get through the five planning

stages of the hospitals. It's going to take years. We understand that. We'd like to get on with the work.

I'd like to hear from the minister.

**Hon. Kathleen O. Wynne:** Minister of Health and Long-Term Care.

**Hon. Eric Hoskins:** I appreciate the question. The ministry is working closely with the LHIN as well as with the hospital involved. The member opposite has been a strong advocate for this hospital and others in and around his riding.

The ministry is currently reviewing planning grants. We anticipate that a decision will be taken very soon. I think we're all anxious to see some progress with regard to this hospital. If the member opposite wanted to meet with ministry officials to get a better sense of where things are at, I would be happy to arrange that.

#### LABOUR DISPUTE

**M<sup>me</sup> France Gélinas:** My question is for the Premier.

The workers at the Sudbury Counselling Centre have been on strike for a month now. Nine of the 13 counselling programs they offer are unique; that is, they are only available at the Sudbury Counselling Centre. For example, people who need to attend the Partner Assault Response Program are at risk of breaching their bail conditions and being sent to jail because they cannot attend the counselling sessions that the court has mandated them to attend.

What is the Premier doing to help bring those workers back and to help bring those services back to my community?

1130

**Hon. Kathleen O. Wynne:** Minister of Labour.

**Hon. Kevin Daniel Flynn:** Thank you very much to the honourable member for that very, very important question. As I say when I rise in the House, when it comes to labour relations in the province of Ontario, we have a very good track record. Business, labour, non-profit groups, funding organizations—when they bring their best to the negotiating table, settlements are reached in over 98% of those circumstances.

From time to time, that agreement is not reached as quickly as we'd like. As I say, at the Ministry of Labour, I think this province is blessed with some of the best mediators going through a conciliation process or a mediation process. But at the end of the day, Speaker, even though bargaining is tough—it's tough by nature—the best agreements are reached when both parties come to the table and bring their best. I would urge the sides in this to do exactly that.

**The Speaker (Hon. Dave Levac):** Supplementary?

**M<sup>me</sup> France Gélinas:** It's not only the partner assault program that is not going on. Right now, little kids who need to be prepared to go to court don't have the support that they need.

People who have been charged with driving under the influence often have to attend the Back on Track counselling program that is only available at Sudbury Counsel-



ling Centre. Speaker, in Nickel Belt, getting your driver's licence back is a matter of great importance. We don't have public transit. People need to get their driver's licence back, yet none of those programs are available to us. None of those programs have been available for the last month, and people are struggling.

I'm asking the Premier: What is she going to do to make sure that people have access to those programs, that those counsellors go back to work and that this labour dispute gets resolved?

**Hon. Kevin Daniel Flynn:** I appreciate the concern from the member opposite, Speaker. I think any one of us understands how much our constituents rely on the types of services that she is outlining.

The process is governed under a labour relations regime in the province that works, as I said, the vast majority of the time. I understand that there are circumstances from time to time where the parties can't come to an agreement as quickly as they should. As much as we respect the collective bargaining process, we try to assist that process. If there's a way of bringing the sides together, the mediators will do that. They will urge them back to the table. They will guide them back to the table in some circumstances.

Given the importance of these services to the people of Sudbury and the surrounding area, I would urge both sides to come back to the table, get this sorted out and continue on serving the people of Sudbury.

## RESEARCH AND INNOVATION

**Ms. Ann Hoggarth:** My question is for the Minister of Transportation. Ontario has never been more of a leader in cutting-edge technologies than we are today. One sector where we especially stand out is AVs, or autonomous vehicles. In January 2016, Ontario paved the way by becoming the first jurisdiction in Canada to have a pilot through which entities can test AVs on public roads. This pilot has proven to be a real success. There are now seven different entities, from universities to leaders in the automotive sector, that are participating in the pilot.

But our government refused to be complacent. We know that to continue to lead, we must continue to innovate. Speaker, I am aware that last week, the Premier made an important announcement about our next step to advance AV technology in our province. Would the minister please provide the members of this House with more information on that announcement?

**Hon. Steven Del Duca:** I thank the member from Barrie for her question and for her advocacy on behalf of her community.

In our 2017 budget, we committed a historic \$80 million over five years towards an autonomous vehicle innovation network. As part of this investment, Stratford, Ontario, will become home to a new demonstration zone where small and medium-sized companies can go to test these technologies in live scenarios and various weather conditions. Stratford has shown exceptional leadership in

this sector to date, and I know that they will help keep Ontario at the cutting edge as this technology develops.

Speaker, I've seen first-hand what others in this field already think of our province in this regard. Just this summer, our government signed an MOU with the state of Michigan to help foster innovation between our respective jurisdictions. Michigan was eager to partner with us because they know that we're paving the way. Investments like the one we're talking about today will continue to show not just Michigan but the world that Ontario is the place to be for AV innovation.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Ann Hoggarth:** I want to thank the minister for this answer. From his answer, it is clear that Ontario will continue to be a strong leader in this emerging field, and it's great to see communities like Stratford leading the way.

Speaker, I know that something everyone in this House can agree on is that Ontario's strongest asset is our people and our workforce. Some of the brightest and most innovative people in the world decide to make Ontario home. That is why I know that we need to continue to invest in our talent, especially in emerging fields like the AV technology.

Would the minister please provide more information on how this investment will be used to advance this sector in our province, and if any of this investment will go directly towards fostering talent in this field?

**Hon. Steven Del Duca:** I thank the member for her follow-up question. The member will be pleased to know that part of the \$80-million investment I referenced a second ago will go directly towards developing the next generation of leaders in this sector through the talent development program. Specifically, this program will support student and recent graduate internships and fellowships with Ontario companies in areas that will advance autonomous and connected vehicle technology. This investment will also permit us to move forward with a research and development partnership fund to help foster collaboration between key players in this field. Additionally, we'll be creating an online central hub that will help the industry grow by acting as a single point of access for information sharing and connection building.

Myself, along with the Minister of Research, Innovation and Science, the Minister of Economic Development and Growth and our respective ministries, are partnering and working hard to make sure that Ontario continues to lead in this very important sector. That's work we're focused on, Speaker. I thank the member from Barrie for her important question on this topic.

## INFRASTRUCTURE ONTARIO

**Ms. Sylvia Jones:** My question is to the Minister of Infrastructure. I was concerned to read in Bill 177 that you will repeal the legislative requirement of Infrastructure Ontario to include an audited financial statement in its annual report. We already know that the Auditor General has said that the government is going



against public sector accounting standards, but now the government doesn't want Infrastructure Ontario to be audited at all. What's the minister trying to hide?

**Hon. Bob Chiarelli:** I'd like some further qualification in the question in the supplementary. As far as I'm aware, Infrastructure Ontario is following proper accounting principles with respect to reporting and auditing. That's my answer to the question.

**The Speaker (Hon. Dave Levac):** Supplementary?

**Ms. Sylvia Jones:** You know, it is your bill, Bill 177. It removes the fact that Infrastructure Ontario needs to have audited financial statements.

Is the minister attempting to hide the details of an organization that is in charge of multi billions of dollars? Is it another example of where the minister thinks that the AG believes the government's finances are just too complicated to understand? Why does this government continue to try to conceal from the public how it is spending billions of taxpayers' dollars?

*Interjections.*

**The Speaker (Hon. Dave Levac):** Be seated, please. Thank you.

**Hon. Bob Chiarelli:** President of the Treasury Board.

**Hon. Liz Sandals:** I think perhaps where some of the confusion may be is that various entities are consolidated onto the books of other entities. Certainly Infrastructure Ontario under no circumstance would go without having its transactions audited. Whether they show as a separate entity or whether they're consolidated onto the Ministry of Infrastructure's books, they are absolutely required to have their transactions audited. That may be incorporated into the ministry's books, but it would certainly be under the direction of the provincial controller, and the Auditor General would maintain her oversight over that particular entity.

#### VISITORS

**Ms. Teresa J. Armstrong:** I would like to thank all the nurse practitioners who are here today, especially the ones I met with this morning. I'd like to thank Nancy Bradley, Susan Tobin, Krysta Cameron and Alida Devine for meeting with us and talking about the importance of nurse practitioners in this province.

**M<sup>me</sup> France Gélinas:** I wanted to say a huge thank you to Jennifer Clement, the director of the very first nurse practitioner-led clinic in Sudbury, for coming to Queen's Park today.

**Hon. Kevin Daniel Flynn:** I wasn't sure if they were going to make it, but the grade fives from Joshua Creek school did make it for question period. I would like to welcome them.

**Mr. Gilles Bisson:** If we're going to be thanking nurse practitioners, I have to thank our daughter Julie, who has been a nurse practitioner for a year. If I didn't get up and say that, she wouldn't talk to me anymore.

**The Speaker (Hon. Dave Levac):** Far be it from me to resist.

**Hon. Eleanor McMahon:** Today's page captain is from my riding of Burlington: Sean Reynolds. Congratulations, Sean. I'd like to welcome to Queen's Park today his dad, Steve Reynolds; his mum, Karen Mino; his grandfather, Ron Mino; and his grandma, Irene Mino. Welcome to Queen's Park.

#### NOTICE OF REASONED AMENDMENT

**The Speaker (Hon. Dave Levac):** I beg to inform the House that, pursuant to standing order 71(c), the chief whip of the third party, the member from Timiskaming-Cochrane, has filed with the Clerk a reasoned amendment to the motion of the second reading of Bill 177, An Act to implement Budget measures and to enact and amend various statutes.

The order of second reading of Bill 177 may therefore not be called today.

#### DEFERRED VOTES

#### TIME ALLOCATION

**The Speaker (Hon. Dave Levac):** We have a deferred vote on government notice of motion number 39 relating to allocation of time on Bill 148, An Act to amend the Employment Standards Act, 2000 and the Labour Relations Act, 1995 and to make related amendments to other Acts.

Call in the members. This will be a five-minute bell.

*The division bells rang from 1141 to 1146.*

**The Speaker (Hon. Dave Levac):** All members, please take your seats.

On November 15, 2017, Ms. Jaczek moved government notice of motion number 39 relating to allocation of time on Bill 148, An Act to amend the Employment Standards Act, 2000 and the Labour Relations Act, 1995 and to make related amendments to other Acts.

All those in favour of the motion, please rise one at a time and be recognized by the Clerk.

#### Ayes

Albanese, Laura	Duguid, Brad	McMahon, Eleanor
Anderson, Granville	Flynn, Kevin Daniel	Milczyn, Peter Z.
Baker, Yvan	Fraser, John	Moridi, Reza
Berardinetti, Lorenzo	Hoggarth, Ann	Naidoo-Harris, Indira
Bradley, James J.	Hoskins, Eric	Naqvi, Yasir
Chan, Michael	Hunter, Mitzie	Potts, Arthur
Chiarelli, Bob	Jaczek, Helena	Qaadri, Shafiq
Colle, Mike	Kiwala, Sophie	Rinaldi, Lou
Coteau, Michael	Lalonde, Marie-France	Sandals, Liz
Crack, Grant	Leal, Jeff	Sousa, Charles
Damerla, Dipika	MacCharles, Tracy	Takhar, Harinder S.
Del Duca, Steven	Malhi, Harinder	Thibeault, Glenn
Delaney, Bob	Mangat, Amrit	Vernile, Daiene
Des Rosiers, Nathalie	Martins, Cristina	Wong, Soo
Dhillon, Vic	Matthews, Deborah	Zimmer, David
Dickson, Joe	Mauro, Bill	
Dong, Han	McGarry, Kathryn	

**The Speaker (Hon. Dave Levac):** All those opposed, please rise one at a time and be recognized by the Clerk.



**Nays**

Armstrong, Teresa J.  
 Arnott, Ted  
 Bailey, Robert  
 Barrett, Toby  
 Bisson, Gilles  
 Campbell, Sarah  
 Cho, Raymond Sung Joon  
 Clark, Steve  
 Coe, Lorne  
 Fedeli, Victor  
 Fife, Catherine  
 Forster, Cindy  
 French, Jennifer K.

Gates, Wayne  
 Gélinas, France  
 Gretzky, Lisa  
 Hillier, Randy  
 Horwath, Andrea  
 Jones, Sylvia  
 MacLaren, Jack  
 MacLeod, Lisa  
 Mantha, Michael  
 McNaughton, Monte  
 Munro, Julia  
 Natyshak, Taras  
 Nicholls, Rick

Oosterhoff, Sam  
 Sattler, Peggy  
 Scott, Laurie  
 Smith, Todd  
 Tabuns, Peter  
 Taylor, Monique  
 Thompson, Lisa M.  
 Vanthof, John  
 Walker, Bill  
 Wilson, Jim  
 Yakabuski, John  
 Yurek, Jeff

and up-to-date hospital to look after its growing population.”

Again, I want to thank this astounding family. I'm very proud to know them and proud to serve them.

**WINDSOR MENTAL HEALTH SERVICES**

**Mrs. Lisa Gretzky:** I recently took part in two ride-alongs, one with Windsor Community Outreach and Support Team, also known as COAST, and the other with Assertive Community Treatment, also known as ACT.

The COAST team consists of a plainclothes police officer and a crisis worker from Hôtel-Dieu Grace Healthcare. They provide on-site crisis and mental health assessments to vulnerable individuals in Windsor who are marginalized, have complex mental health and psychosocial problems, housing and financial issues, substance abuse, physical health care needs, and frequent contact with police and hospital emergency services. They facilitate access to community services and supports in order to divert from the criminal justice system and/or hospital emergency departments.

ACT is a community-based model of care for individuals who have severe and persistent mental illness. They reach out to people where and when they need help: in their home, at the ACT office and in the community. They ensure a response for people who are in crisis no matter what day of the week. They are referred to as “a hospital without walls.” In Windsor, they support up to 200 individuals.

One in five people suffer with mental health issues in Ontario. Many people find themselves in crisis and don't know where to go for help or can't access help quickly due to wait-lists and capacity issues. Windsor's COAST and ACT teams are working very hard to provide support to those struggling with mental health issues when and where they need it. Speaker, I can say without hesitation that they are making an incredible positive impact on the lives of the most vulnerable in Windsor. Windsor is a better community because of our COAST and ACT teams.

**MEADOWVALE GO STATION**

**Mr. Bob Delaney:** Improvements to our GO stations in western Mississauga will continue in 2018. The Meadowvale GO station building will be completely replaced. First opened in 1981, the station building is showing its vintage. The rapidly growing number of commuters using the station building means that we need a bigger, more modern structure.

Along with the new station building, which includes more accessible facilities, Meadowvale GO commuters will also see the parking lot reconfigured to make access easier and the layout more efficient. The passenger pickup and drop-off areas will be modernized. A better bus loop will both protect passengers from the weather and improve connections between the train and the bus. Some damaged and worn-out catch basins and storm

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 49; the nays are 38.

**The Speaker (Hon. Dave Levac):** I declare the motion carried.

*Motion agreed to.*

**The Speaker (Hon. Dave Levac):** There are no further deferred votes. This House stands recessed until 1 p.m. this afternoon.

*The House recessed from 1149 to 1300.*

**MEMBERS' STATEMENTS****VOLUNTEERS**

**Mr. Jim Wilson:** Speaker, my constituents Al Syed and his sons Irby and Amze have been doing some amazing volunteer work in the town of New Tecumseth in recent months. Irby and Amze both volunteered in the Canadian Cancer Society CIBC Run for the Cure on October 1. They have also been active in the community gathering signatures on my petition for the redevelopment of Stevenson Memorial Hospital in Alliston.

Irby and Amze are only in grades 11 and 12, and yet they fully understand the importance of the hospital's redevelopment for the future of the community and they have taken time from their busy schedules to help build support for the project as a whole. It's wonderful to see my young constituents involved with important community initiatives, and I thank them. I know that these young men have a very bright future in front of them.

Their mother is Dr. Shazia Ambreen, a physician and anesthetist at the hospital in Alliston. Earlier this year, I had the pleasure of attending an awards ceremony with the College of Physicians and Surgeons. She received the Ontario Council Award for 2017 for being a terrific doctor.

Irby and Amze told us what motivated them into action: “Alliston may very well be a small rural community compared to big urban cities like Toronto, but it sure has a big heart and a sense of closely knit community where everyone contributes and looks after each other. Stevenson Memorial Hospital is not an ordinary hospital, it's the heart and centre of this community. We are young students and we might not know many details, but one thing we know for sure. This community needs a bigger



sewer lines will be fixed. The Meadowvale GO parking lot will be improved. Meadowvale commuters will also benefit from better pedestrian connections and improved bicycle storage.

A new Station Operations West Facility will be built to accommodate future office, warehouse and parking needs for GO operations. The Station Operations West Facility will also be located in Meadowvale.

Continuing improvements to all our GO stations represent action now to make commuting better, more frequent and more accessible at least through the first half of the 21st century.

#### TREATIES RECOGNITION WEEK

**Ms. Lisa M. Thompson:** Last week was Treaties Recognition Week across the province, and I'm proud to share that the Bluewater District School Board in Huron-Bruce participated in celebrating the history and culture of indigenous peoples by incorporating a variety of activities in classrooms across the county.

Saugeen District Secondary School, for example, orchestrated a school-wide art project and exhibit on the seven grandfather teachings: bravery, respect, love, wisdom, honesty, humility, truth. They're all values that we can embrace, move forward on and hold near to our heart. Hillcrest Central School in Teeswater focused on the roles that the indigenous peoples played in the two world wars during their Remembrance Day ceremony. And many schools had celebrations telling indigenous stories through song, dance and art. Thank you to the many students who participated in Treaties Recognition Week.

Continuing to build on these educational opportunities for its students, Saugeen District Secondary School will also be hosting learning activities for staff during the November 24 professional activity day. I look forward to continuing to see the wonderful activities our school systems across the province have planned that help celebrate all cultures and our indigenous friends. And remember the seven grandfather teachings: bravery, respect, love, wisdom, honesty, humility and truth.

#### HOME CARE

**Ms. Sarah Campbell:** Home care in the northwest is in shambles. This is certainly the case in Kenora-Rainy River, where my offices have been hit hard by an alarming number of complaints in Kenora, Dryden and Sioux Lookout.

The concerns are almost always the same: Patients leave hospital because the beds are needed and are assured that services will be available in their homes, only to be discharged and to find out that nobody shows up or that care is, at best, sporadic. In one case, a gentleman deemed "high priority" because he is paralyzed, lives alone and suffers from short-term memory loss regularly experiences days where his worker does not show up. Sometimes, he is told that he is not even on the list of that day's visits. He is now at the point where he

has said that he will stop taking his medication altogether because the workers are never there to help him take it anyway.

Now many front-line workers are threatening to walk out because they say the working conditions are so bad at ParaMed that there is no way to administer proper home care to clients across the region.

My offices have repeatedly sounded the alarm bells about home care needs in the northwest, and we continue to hear back from the ministry that, "The LHIN is monitoring their performance on an ongoing basis."

Northerners cannot afford to wait while this situation is monitored or for this government to roll out some new plan. We need immediate action to improve the access and reliability of home care services in the northwest.

**The Speaker (Hon. Dave Levac):** The member from Scarborough-Rouge River on a point of order.

**Mr. Raymond Sung Joon Cho:** I'm very, very happy to welcome the wonderful students in grades 5 and 6 from Tom Longboat school in my riding, Scarborough-Rouge River. Welcome.

#### SEMAINE DE RECONNAISSANCE DES TRAITÉS

#### TREATIES RECOGNITION WEEK

**M<sup>me</sup> Nathalie Des Rosiers:** Je me lève, moi aussi, pour célébrer la Semaine de reconnaissance des traités en Ontario. Nous savons tous l'importance pour l'avenir de l'Ontario de bien reconnaître les populations autochtones et leurs grandes contributions à la province.

L'importance de cette semaine est de nous rapprocher et de nous imposer un devoir de bien comprendre, un devoir de s'informer. Alors je veux souligner, évidemment, que dans le comté d'Ottawa-Vanier, que j'ai l'honneur de représenter, beaucoup d'écoles ont participé à cette Semaine de reconnaissance des traités.

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I'm very proud that the school system has engaged with this fully to recognize the importance of treaties for all Ontario and for all of us. The duty to reconcile with indigenous communities starts with the duty to know, the duty to understand our history, to recognize its importance and to engage fully on the path of reconciliation.

La semaine dernière, dans le district d'Ottawa, on a eu la chance, évidemment, de célébrer la culture autochtone et de reconnaître l'importance des traités pour la région.

Nous sommes tous des gens issus de traités. We are all treaty people.

#### ONTARIO JUNIOR CITIZEN AWARDS

**Mr. Lorne Coe:** Every day in Durham region, a young person makes a positive difference within his or her community. Doing good in one's community can take many forms, such as helping out an elderly neighbour without any expectation of payment, or making local park areas more clean. One way to recognize these contributions, Speaker, is through the Ontario Junior



Citizen Awards. This award is carried out through the Ontario Community Newspapers Association and is sponsored by the TD Bank Group.

I'd invite all local residents in my riding of Whitby–Oshawa to take a moment and take stock. Is there a worthy youth who deserves recognition? Is there someone you know who never fails to volunteer in the community? Is there a young adult who has taken heroic actions, or a special young person who has contributed to their community while living with a disability?

The nomination deadline is November 30, and downloadable nomination forms are available online at [www.ocna.org/juniorcitizen](http://www.ocna.org/juniorcitizen).

### ENERGY POLICIES

**Mr. Arthur Potts:** Two weeks ago, I was in Alberta shooting an episode of Political Blind Date, a new TVO series that pits two politicians on opposite sides of an issue against each other. The purpose of the show is to show that political opponents can have a reasonable debate on controversial issues while being respectful and enjoying each other's company. I had the pleasure of debating carbon taxes with Shannon Stubbs, a Conservative MP from the northern Alberta riding of Lakeland. Ms. Stubbs staunchly defended the oil industry, seeing no merit in increasing the price of carbon, believing it would raise costs for consumers, cause job losses and hurt the oil industry. Ms. Stubbs focused specifically on the \$50-a-tonne carbon price being imposed by the federal government.

At home in Ontario, we have a carbon price under a cap-and-trade program that has a cost of only \$17 a tonne. Proceeds from our carbon auctions so far have netted over \$1.5 billion, all of which, by law, must be spent on programs to lead to reductions in Ontario's carbon footprint.

While in Alberta, we were discussing how electricity is being generated. I was surprised to learn that in Alberta, most of the electricity is generated from fossil fuels. In fact, today, they're generating about 10,600 megawatts of power, and 48% of this is coming from coal and about 45% from natural gas. By comparison, in Ontario we are generating nearly 18,000 megawatts, and just under 2.5% of our power is being generated by fossil fuels, i.e., natural gas.

I believe that Alberta has lost an opportunity because their ability to use surplus clean power to offset carbon-displacing fuels means that they're not able to get the advantages—I'm very proud to be in a province which has made the right investments in electricity systems so we can lead us to a cleaner future.

### KURTIS MACDERMID

**Mr. Bill Walker:** He shoots, he scores! Today, I stand in recognition of a dedicated and truly talented young constituent who is living proof that any goal is possible with a lot of hard work and perseverance. Kurtis MacDermid, a 23-year-old from Sauble Beach, has seen

his hockey dream turn to reality as his dedication to the game earned him a spot on the LA Kings this year. He also made a splash in the NHL when he scored his first career NHL goal on October 26. I invite the members to watch for themselves this exciting milestone via YouTube or Fox Sports.

Kurtis MacDermid has lived and breathed hockey since the day he was born, even having his own NHL legacy to look up to: his father, Paul MacDermid. Paul played in the NHL on the Winnipeg Jets and the Washington Capitals, and ended his career in the Quebec Nordiques, proving himself to be the best coach and role model Kurtis could have.

Hockey runs deep in the family as Lane MacDermid, Paul's eldest son, played for the Boston Bruins, scoring his first career goal exactly 31 years after his dad. They are only the second father-and-son pair to score their first career goals on their first day in the NHL. And, Mr. Speaker, with Paul and his brother Peter being the owners of the Owen Sound Attack, the hockey tradition will certainly continue in the MacDermid family.

Paul MacDermid and his wife, Pam, also run and operate a campground in Sauble Beach along with Paul's parents, Georgina and Don, and his brother Peter and his wife, Terri Lyn. The campground, Woodland Park, exemplifies Paul's strong family values, community pride and passion for his home, Sauble Beach.

Kurtis MacDermid's success in the NHL is especially exciting to me as he played alongside my son Zach in novice in Shallow Lake, and the two continued on to become competitors on opposing teams for several years.

Every young boy and girl growing up playing hockey dreams of playing for a professional team. It is extremely exciting and inspiring to watch Kurtis grow up playing the sport he loves and to see his dedication, hard work and dream materialize. Thank you, Mr. Speaker, and best of luck, Kurtis.

### VISITORS

**The Speaker (Hon. Dave Levac):** Point of order, the Minister of Education.

**Hon. Mitzie Hunter:** I just wanted to take a moment to welcome all the students who are in the House today. This is certainly part of their civic engagement. I want to thank all the educators who have brought our students here today, and parents as well. Thank you so much.

**The Speaker (Hon. Dave Levac):** I thank all members for their statements. It's therefore now time for reports by committees.

### REPORTS BY COMMITTEES

#### STANDING COMMITTEE ON ESTIMATES

**Ms. Ann Hoggarth:** I beg leave to present a report from the Standing Committee on Estimates.



**The Clerk-at-the-Table (Ms. Valerie Quioc Lim):** Ms. Hoggarth from the Standing Committee on Estimates reports the following resolutions: Resolved, that supply in the following amounts and to defray the expenses—

**Ms. Ann Hoggarth:** Dispense.

**The Speaker (Hon. Dave Levac):** Dispense? Dispense.

*Interjection.*

**The Speaker (Hon. Dave Levac):** No one said “no.”

Pursuant to standing order 63(d), an order for concurrence for each of the resolutions reported from the committee will be placed on the Orders and Notices paper.

*Report deemed received.*

## PETITIONS

### HOSPITAL FUNDING

**The Speaker (Hon. Dave Levac):** It is therefore time for the member from Simcoe–Grey to give us petitions.

**Mr. Jim Wilson:** I feel very special, Mr. Speaker.

“To the Legislative Assembly of Ontario:

“Whereas Stevenson Memorial Hospital is challenged to support the growing needs of the community within its existing space as it was built for a mere 7,000” emergency room “visits” per year “and experiences in excess of” 40,000 “annually; and

“Whereas the government-implemented Places to Grow Act forecasts massive population growth in New Tecumseth, which along with the aging population will only intensify the need for the redevelopment of the hospital; and

“Whereas all other hospital emergency facilities are more than 45 minutes away with no public transit available between those communities; and

“Whereas Stevenson Memorial Hospital deserves equitable servicing comparable to other Ontario hospitals;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the Kathleen Wynne Liberal government immediately provide the necessary funding to Stevenson Memorial Hospital for the redevelopment of their emergency department, operating rooms, diagnostic imaging and laboratory to ensure that they can continue to provide stable and ongoing service to residents in our area.”

Madam Speaker, I agree with this petition and I certainly will sign it. Thank you.

### DENTAL CARE

**M<sup>me</sup> France Gélinas:** I have this petition that comes from all over Ontario.

“Whereas lack of access to dental care affects overall health and well-being, and poor oral health is linked to diabetes, cardiovascular, respiratory disease, and Alzheimer’s disease; and

“Whereas it is estimated that two to three million people in Ontario have not seen a dentist in the past year, mainly due to the cost of private dental services; and

“Whereas approximately every nine minutes a person in Ontario arrives at a hospital emergency room with a dental problem but can only get painkillers and antibiotics, and this costs the health care system at least \$31 million annually with no treatment of the problem;”

They “petition the Legislative Assembly of Ontario” as follows:

“—ensuring that plans to reform the health care system include oral health so that vulnerable people in our communities have equitable access to the dental care they need to be healthy;

“—extending public dental programs for low-income children and youth within the next two years to include low-income adults and seniors; and

“—delivering public dental services in a cost-efficient way through publicly funded dental clinics such as public health units, community health centres and aboriginal health access centres to ensure primary oral health services are accessible to vulnerable people in Ontario.”

I fully support this petition, will affix my name to it, and ask Javierar to bring it to the Clerk.

### PUBLIC TRANSIT

**The Deputy Speaker (Ms. Soo Wong):** Further petitions? I recognize the member from Beaches–East York.

**Mr. Arthur Potts:** Thank you, Speaker. I, too, feel special today.

“To the Legislative Assembly of Ontario:

“Whereas the current transit options to service Liberty Village and King-Strachan corridor are insufficient and not at pace with a rapidly growing community;

“Whereas the communities of Liberty Village and King-Strachan corridor require increased community consultation regarding the planning for a new regional express rail station in the neighbourhood;

“Whereas the currently proposed location for a SmartTrack station to service Liberty Village would not effectively connect with residents and businesses;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To direct Metrolinx to consider and review the relocation of the proposed SmartTrack station from the Dovercourt-Sudbury Street site to a new location further east that would ensure enhanced and accessible service to residents of Liberty Village and King-Strachan corridor.”

I agree with the petition, sign my name and leave it with Devon.

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### LONG-TERM CARE

**Ms. Sylvia Jones:** My petition is to the Legislative Assembly of Ontario:

“Whereas seniors and families deserve long-term-care beds that provide high-quality care in their community;



"Whereas, according to the Ontario Long Term Care Association 2016 report, 97% of residents need help with daily activities such as getting out of bed, eating or toileting;

"Whereas there are currently 26,500 people on the wait list for long-term care, and that number is expected to double in the next six years;

"Whereas long-term-care homes require stable and predictable funding each year to help pay for the rising cost of operations, provide quality care and invest in more beds;

"Therefore we, the undersigned, call on the Legislative Assembly of Ontario to move quickly to pass Bill 110, the Long-Term Care Homes Amendment Act, 2017, and ensure that funding for food and utilities reflect changes in the cost of living."

I support this petition, affix my name to it and give it to page Andrew to take to the table.

### LONG-TERM CARE

**M<sup>me</sup> France Gélinas:** I'd like to thank Mrs. Marilyn Kozoriz from Val Caron in my riding for signing this petition. It reads as follows:

"Whereas frail elderly patients needing long-term-care placement in homes within the North East Local Health Integration Network (NE LHIN) have been pressured to move out of the hospital to await placement, or stay and pay hospital rates of approximately \$1,000 per day; and

"Whereas frail elderly patients needing long-term-care placement in Sudbury and Sault Ste. Marie have been pressured to move to homes not of their choosing, or to 'interim' beds in facilities that don't meet legislated standards for permanent long-term-care homes; and

"Whereas the practice of making patients remain in 'interim' beds is contrary to Ministry of Health and Long-Term Care (MOHLTC) policy which identifies 'interim' beds as intended to 'ensure a continuous flow-through so that interim beds are constantly freed up for new applicants from hospitals';"

They "petition the Legislative Assembly of Ontario to:

"—Ensure health system officials are using 'interim' beds as 'flow-through,' in accordance with fairness and as outlined in MOHLTC policy;

"—Ensure patients aren't pressured with hospital rates and fulfill promises made to hundreds of nursing home residents who agreed to move temporarily with the promise that they would be relocated as soon as a bed in a home of their choosing became available."

I fully support this petition, will affix my name to it, and ask Javierar to bring it to the Clerk

### PUBLIC TRANSIT

**Mr. Han Dong:** I have a petition to the Legislative Assembly of Ontario.

"Whereas we, constituents in Liberty Village and the King–Strachan corridor, ask for increased community consultation with SmartTrack, Metrolinx and the city of

Toronto regarding their plan to build a rapid transit station in the neighbourhood;

"Whereas the current transit options out of Liberty Village are insufficient and crowded for a rapidly growing community;

"Whereas the proposed location for a SmartTrack station labelled Liberty Village does not effectively serve community residents;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"Direct SmartTrack, Metrolinx, the city of Toronto and the TTC to consider moving the SmartTrack station from the proposed Dovercourt and Sudbury location to a location further east to better serve Liberty Village and the King–Strachan corridor."

I support this petition, sign my name to it and give it to page Abby.

### ADDICTION SERVICES

**Ms. Sylvia Jones:** My petition is in support of Bill 99, Choice for Patients Seeking Addiction Treatment Act.

"To the Legislative Assembly of Ontario:

"Whereas patients and family members seeking residential treatment facilities are often faced with long waiting lists for treatment and residential beds; and

"Whereas patients and their families need an open and transparent process to be able to quickly find appropriate and effective treatment options when a loved one is seeking help; and

"Whereas there is no central location that lists the over 180 agencies who provide residential substance treatments operating across Ontario; and

"Whereas patients and their families seeking treatment options need a database that includes where a facility is located, what services are offered and whether a treatment centre is accredited; and

"Whereas a searchable database will give patients and their families a resource that will allow for choice and confidence in placing their loved one into treatment;

"Therefore we, the undersigned, petition the Legislative Assembly as follows:

"To adopt Sylvia Jones ... private member's bill, Bill 99, the protecting patients seeking addiction treatment act, 2017."

For obvious reasons I support this petition, affix my name to it and give it to page Sean to take to the table.

### WINTER HIGHWAY MAINTENANCE

**M<sup>me</sup> France Gélinas:** I'd like to thank Gilberte Gervais from my riding in Gogama for signing the petition. It goes as follows:

"Whereas Highway 661 is a three-kilometre secondary highway which links the town of Gogama to Highway 144 and is in extremely poor condition throughout the entire winter season; and

"Whereas Highway 661 is an essential highway which all emergency vehicles, school buses and other vehicles,



including snowplows, must travel into and out of the community daily; and

"Whereas the low standard of winter maintenance of this highway, always snow-packed and icy, creates a serious public safety issue, putting at risk the lives of the area residents;"

They "petition the Legislative Assembly of Ontario to:

"Increase the winter maintenance standard for this single-access highway into Gogama to ensure that the residents have safer access to their home community."

I support this petition, will affix my name to it and ask Katrina to bring it to the Clerk.

### WASAGA BEACH

**Mr. Jim Wilson:** "To the Legislative Assembly of Ontario:

"Whereas the town of Wasaga Beach relies on the largest freshwater beach in the world to attract visitors and drive its economy; and

"Whereas the town does not have traditional industry for jobs and employment and relies on tourism to maintain its business core; and

"Whereas the areas of the beach maintained by the province are in poor shape, overgrown with weeds and other vegetation; and

"Whereas the provincial government has been promising for years to replace old, vault-style washrooms with modern facilities; and

"Whereas Wasaga Beach is one of the most popular summer tourist destinations in the province of Ontario;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"To ask the government to take immediate action to properly maintain beach areas under its control in Wasaga Beach and that funding be provided as soon as possible to build new, modern washroom facilities to better serve the needs of the community and visitors to the beach."

I certainly agree with this and I will sign it.

### ANTI-SMOKING INITIATIVES FOR YOUTH

**M<sup>me</sup> France G  linas:** I have this petition that comes from a young person in my riding, but I also want to thank Jim Levesque from Chelmsford in my riding for signing the petition. It reads as follows:

"Whereas in the past 10 years in Ontario, 86% of all movies with on-screen smoking were rated for youth, and the tobacco industry has a well-documented history of promoting tobacco use on-screen; and

"Whereas a scientific report released by the Ontario Tobacco Research Unit estimated that 185,000 children in Ontario today will be recruited to smoking by exposure to on-screen smoking, and more than 59,000 will eventually die from tobacco-related diseases incurring at least \$1.1 billion in health care costs; and

"Whereas the Ontario government has a stated goal to achieve the lowest smoking rates in Canada, and 79% of Ontarians support not allowing smoking in movies rated G, PG, 14A...; and

"Whereas the Minister of Government and Consumer Services has the authority to amend the regulations of the Film Classification Act via cabinet;"

They "petition the Legislative Assembly of Ontario as follows:

"To examine the ways in which the regulations of the Film Classification Act could be amended to reduce smoking in youth-rated films released in Ontario."

I support this petition, will affix my name to it and ask Abby to bring it to the Clerk.

### SEWAGE TREATMENT

**Ms. Sylvia Jones:** My petition is in support of Bill 141, the Sewage Bypass Reporting Act, 2017.

"Whereas in 2006 the ministry of environment estimated that 18 billion litres of untreated or partially treated sewage was bypassed into local water bodies;

"Whereas in 2006 there were 1,544 and in 2007 there were 1,243 separate bypass incidents of untreated or partially treated sewage reported to the provincial government;

"Whereas weather events regularly overwhelm local sewer systems meaning sewage is bypassed into local streams, rivers and lakes;

"Whereas these bypasses can include untreated human waste, micro-organisms, disease-causing pathogens and toxic chemicals;

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"Whereas the ministry of environment already collects information from municipalities on sewage bypasses, but does not make this information available to the public;

"Whereas Ontarians deserve to promptly know when untreated or partially treated sewage is released into the local waterways that they sail, canoe, kayak, boat and swim in;

"Therefore we, the undersigned, petition the Legislative Assembly to adopt Bill 141 without delay."

For obvious reasons I support this petition, affix my name to it and give it to page Isabelle to take to the table.

### LONG-TERM CARE

**M<sup>me</sup> France G  linas:** I have this petition that comes from in and around North Bay, and I would like to thank Julie Ann Smrke for sending me those petitions. It reads as follows:

"Whereas quality care for the 78,000 residents of (LTC) homes is a priority for many Ontario families; and

"Whereas the provincial government does not provide adequate funding to ensure care and staffing levels in LTC homes to keep pace with residents' increasing acuity and the growing number of residents with complex behaviours; and



"Whereas several Ontario coroner's inquests into LTC homes deaths have recommended an increase in direct hands-on care for residents and staffing levels and the most reputable studies on this topic recommend 4.1 hours of direct care per day;"

They petition the Legislative Assembly as follows:

"Amend the LTC Homes Act (2007) for a legislated minimum care standard of four hours per resident per day, adjusted for acuity level and case mix."

I support this petition, will affix my name to it and ask page Sean to bring it to the Clerk.

## ORGANIC PRODUCTS

**Ms. Sylvia Jones:** "Petition in Support of Bill 153: The Organic Products Act..."

"Whereas the federal government adopted the Canada organic standards in 2009 for products labelled organic that are sold outside their province of origin;

"Whereas the Canada Organic Trade Association rated Ontario lowest amongst all provinces for regulation, support and development of organic products;

"Whereas anyone in Ontario is free to use the term 'organic' on any product, so long as they do not use the Canada ??organic logo or sell across provincial borders;

"Whereas Quebec, British Columbia, Nova Scotia, New Brunswick and Manitoba have adopted an organic standard to address this gap;

"Whereas inconsistency in the use of the term 'organic' can lead to erosion in consumer confidence in organic products; and

"Whereas the Ontario Federation of Agriculture, the Christian Farmers Federation of Ontario, and the National Farmers Union—Ontario support the intent of Bill 153;

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the government adopt Bill 153, the Organic Products Act and consult with farmers and producers about how to ensure consumer confidence in organic products in Ontario."

Since I've co-sponsored Bill 153, I'll affix my name to it in support and give it to Javeriar.

## PRIVATE MEMBERS' PUBLIC BUSINESS

### LONG-TERM CARE

**Mr. Jim Wilson:** I move that, in the opinion of this House, the Wynne government must immediately increase the number of long-term-care beds in the counties of Simcoe and Grey so as to eliminate the wait-list of people who can no longer stay in their own homes and/or are stuck inappropriately in a hospital bed through no fault of their own.

**The Deputy Speaker (Ms. Soo Wong):** Mr. Wilson has moved private member's notice of motion number 67. Pursuant to standing order 98, the member has 12 minutes for his presentation.

**Mr. Jim Wilson:** Speaker, there are more than 27,000 seniors living in my riding, and they make up more than 21% of the population. As we all know, our seniors need and require services that are funded by the province of Ontario. Without these services, our seniors would not be able to live comfortable and independent lives in their elder years.

One of the most important services our seniors rely on is the provision of long-term-care beds. In my constituency offices in Collingwood and Alliston, long-term care is one of the biggest issues we have to deal with almost on a daily basis.

I am very familiar with the issues facing our long-term-care facilities. I visit the homes on a regular basis, and I speak directly to staff and residents. I talk to doctors about their concerns and frustrations with the present system. When I meet with hospital administrators, long-term care is a frequent topic we discuss. The issue is simple: There is a growing need for long-term-care services and not enough beds to meet those needs.

My offices deal often with elderly residents under hospital care trying to navigate the system. Ideally, they would be able to return home with full PSW support to allow them to continue to live in their own homes; however, there are never enough personal support workers or enough PSW hours assigned to meet the demand.

A constituent recently contacted my office and provided an illustration of the depth of the PSW shortage. My constituent, whom I know very well, told my office that his family was informed that they may never get home PSW support for their parents. Although both parents qualify for 56 hours of personal support care per week, there are no PSWs in that area to provide that care. Instead, they were given a list of private home care companies to call. The parents are also on wait-lists for beds in long-term care, but there are no beds. I find that astonishing. This government is actively ignoring people in need. Madam Speaker, this needs to change.

Many people trying to enter a long-term-care facility find themselves on the waiting list. For these residents, the wait can be a very long time indeed. Here are just three examples of the average number of days that a person needing a bed has to wait in parts of my riding. At the Stayner Care Centre, it's 296 days. At the Bay Haven nursing home in Collingwood, it's 345 days. At the Collingwood Nursing Home, it's 343 days.

Many residents are forced to make the tough decision to accept care from outside their local area. This creates pressure on the long-term-care centres in neighbouring ridings and creates hardships within families. Imagine the shock of having to move your spouse out of the family home into a care centre, and then finding out the wait time may be a year or more. Then imagine making the difficult decision to get them care, care they desperately need, but being forced to go to another community. How



can we expect someone to travel great distances on a regular basis to visit their spouse or loved one? It's unfair and it's cruel. Our seniors deserve to receive the care they need close to home, where they have their doctors, their friends, their family and other support systems.

Speaker, citizens are losing confidence and are uncertain about the future of long-term care in this province. According to a recent Nanos survey conducted for the Ontario Long Term Care Association, more than half of the respondents are not confident that the province is investing what it should to ensure long-term-care homes are providing quality care. This should be a major concern to the government. Our population is aging, the wait-list for beds has increased to 32,000 people, and there are now more people over the age of 65 than under the age of 15 in Ontario. The government can't ignore this issue anymore. It can't be swept under the carpet.

The Ontario Long Term Care Association recently released its 2018 budget submission. While there are many areas of long-term care where more support is needed, I just want to give you a direct quote from that report:

"Approximately half of Ontario's long-term-care homes are still without a dedicated in-home BSO"—Behavioural Supports Ontario—"resource. Some 44% of the sector's homes are dated and require renovations or to be rebuilt. And as seniors enter care much older and frailer than in previous generations, their needs call for more direct care hours—both from personal support workers (PSWs) and from skilled staff such as registered nurses (RNs), registered practical nurses (RPNs) and nurse practitioners (NPs). In short, Ontario seniors will need more care and better care."

Speaker, there are no shortages of stories out there about what we face as a province with this issue. Ron Wise, who emailed my office, said, "There's clearly a shortage of long-term-care facilities and beds, which means that a growing number of seniors do not have access to timely, quality care. I'm asking you, as my MPP, to fight to make sure that more health care spending is committed to long-term care so wait times decrease and seniors get the kind of care they really need."

From Candace Rennick of CUPE, who emailed me to express support for Bill 33, the Time to Care Act: "Maybe you're even like me and you visited your dad one evening to find that the 52 residents on the Alzheimer's floor were locked in overnight with only two staff for an entire 12-hour shift. Maybe you've seen the sad indignity of a loved one waiting and still waiting to be toileted or even to be dressed and fed because there's just not enough staff on the floor to keep up. For the ones we love so much and who have done so much for us over their lives, surely that's just not good enough. We can do better."

Dr. Nancy Byles of the Alliston Family Health Team seniors' clinic: Earlier this year, I met with her and she forwarded a copy of her proposal for a geriatric hospital for Alliston—which has so far, by the way, been ignored by the government. The current level of health care for

seniors is inadequately funded, she said, to meet the demands of our rapidly aging population. Dr. Byles said that family doctors have problems addressing the needs of seniors due to funding limitations in the current fee-for-service model. "The time required to provide care for a senior in crisis is in conflict with fee-for-service physicians that require speed, volume and efficiency in their patient care."

In her proposal, she said new modes of care need to be embraced: "Fundamentally, the new senior care models need to ensure that the patient is given an opportunity to address the complexity of all medical problems that they possess in a comprehensive manner."

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Speaker, I must say, the shortage of long-term-care beds is shocking. Wait-lists continue to grow, our population continues to age and yet this government has done virtually nothing to address this issue.

In my days in government—and I was a former health minister—I remember we approved over \$2.1 billion of new money to build 2,000 new nursing home beds or long-term-care beds and to rebuild 16,000 beds at older facilities. I remember quite distinctly being criticized both in this House and through the media by then-opposition Liberals for overbuilding. It was the first time I'd ever heard the term of overbuilding in health care. But, unlike this government, we recognized the system needed new beds and we needed to meet future demands and plan ahead.

Today, our long-term-care facilities—this is astounding—are 99.9% full, 100% of the time. In the homes in my riding, wait-lists continue to grow. At Simcoe Manor in Beeton, there are 181 people waiting. At Good Samaritan in Alliston, there are 100 people on the list. At Bay Haven in Collingwood, there are 58. At the Collingwood nursing home, there are 37. At the Stayner Nursing Home, there are 49 on the list. The list at Sunset Manor in Collingwood is 196 people, and at Creedan Valley in Creemore, the wait-list is 18.

What has the government done to alleviate this issue in Simcoe-Grey? Well, since 2003, my riding has received, exactly, a total of 18 new beds—just 18 beds since 2003. What more evidence do you need to realize that something must be done and must be done urgently?

These are the numbers from the facilities in my riding. Across Ontario, wait-lists and wait times continue to grow and other members will speak about that, I'm sure, during their comments today. Current statistics tell us that, by 2021—that's only what? Four years away—the wait-list province-wide for long-term-care beds will be close to 50,000 people. It's 32,000 today.

Since 2003, this government has claimed to have created just over 10,000 new long-term-care beds, but when you break that down, that's just over 700 beds per year for 14 years. With the wait-list today, which has stayed constant over those years at about 32,000, opening 700 new beds per year won't get you too far in solving this problem.

The crisis is affecting our hospitals. In my riding, Collingwood General and Marine Hospital and Alliston's



Stevenson Memorial Hospital are seeing precious resources tied up by patients waiting for a long-term-care bed. Jody Levac of Stevenson Memorial Hospital said, "When we look at the overall number of days patients occupied a hospital bed instead of their preferred destination for care, over the last three years this has represented 1,304 days," and when you consider this is a 38-bed hospital, it means at times more than half of the beds are filled up with ALC patients. Collingwood General and Marine, a 68-bed facility, says that at any time, 15 to 17 of those beds are regularly filled by patients waiting for a long-term-care bed, and this places a lot of strain, obviously, on the resources at that hospital.

An interesting thing there is that Anita Chevalier, the hospital's chief of performance and clinical systems, told me something I hadn't thought of, that if the government would come up with—and it has been talked about a bit around here—some subsidies or some assistance to families for those loved ones who can't get a long-term-care bed, don't need a hospital bed, but could do very well in a retirement home for a while, but can't afford the \$3,800- to \$6,000-a-month fee of a private retirement home, maybe we can do something there. I know the government did mention that last year as a way to help alleviate some of the backlog.

Speaker, I want to say that the government has announced recently that it's going to build 5,000 new beds over four years, and they announced a big plan for 30,000 beds over 10 years, but, given the track record, how can we believe this government? They took \$50 million out of the system for seniors—oh, and they cut physiotherapy a couple of years ago. They have not kept up with the need for long-term-care beds. They've consistently heckled and told us that we were wrong to want to build beds. They actually had a policy for a number of years that said, "We will build no beds."

It's like hospitals; that is coming back to roost. If you have a hiatus for a number of years where your policy is that everybody is going into PSW care in their homes or their loved ones are to look after them you're obviously going to—when the population is aging and growing as fast as it is, with respect to our senior population—hit the wall, and I'd say you've hit the wall now with the projected 50,000 on the list.

Families just can't cope anymore. And we don't have the family units that we used to have. Children are scattered all over the world, all over the country, all over the province. I know in my own family, I was the only one left out of six kids to care for my parents. Thank God my other siblings were able to contribute financially and we were able to get private care, because there was no government care available. I'm the guy who set up the community care access centres; I remember creating the name in my office one day and then setting them up. It hasn't worked out the way it was supposed to work out. And you're not making them any better when you say 39% has gone to administration. The gold standard is 6%.

So you need to do a better job. Implement your 5,000 beds, put most of them in Simcoe-Grey, and then I'll sit down and be very happy.

**The Deputy Speaker (Ms. Soo Wong):** Further debate.

**Ms. Sarah Campbell:** It is an honour to rise and speak on this private member's motion introduced by the member from Simcoe-Grey.

I would like to start by saying that I agree with the intent of this motion—that is, to eliminate the wait-list for long-term-care services—but I have to say that this motion is too limited in its application by only seeking to eliminate the wait-list in the counties of Simcoe and Grey. I know that the member is just trying to represent his constituents, and there is honour in that, but there is need for more long-term-care beds all across this province, because all of our long-term-care beds are at crisis levels. I had hoped to see more leadership and vision from the PC Party on this issue by calling for the funding of more beds right across the province to eliminate the wait-list for all people in need of this care.

The fact is that, as of March of this year, there are more than 30,000 people who are on a wait-list for long-term care in the province of Ontario. Wait times for people who urgently need long-term care and are waiting in hospital have increased 270% since the Liberals came to office, from a median of 18 days to 68 days. This is just a median.

In northwestern Ontario, and Kenora-Rainy River in particular, the wait times for nine of every 10 people who are waiting for this service can be as long as 1,402 days, for a basic bed in Sioux Lookout. For those of you who are doing the math, that is nearly four years. That means four years of being stuck in a hospital without the necessary supports to provide the specialized care our seniors deserve, and families worrying about the safety of their loved ones. It also means that many seniors in the northwest will not be able to even see the inside of a long-term-care unit because they will never make the cut. It leaves families who can afford it to try to privately fund some supplementary hospital services, such as those of a personal support worker, for a few hours a day to make sure that the needs of their loved ones are met, even if just for those few hours. It also means that loved ones who are in desperate need of greater supports and supervision and who are lucky enough to get a long-term-care bed are forced out of their home communities into other centres hundreds of kilometres away, and without the personal and emotional supports they need at a time when they need it the most.

In the far north of my riding, it is not uncommon for people to be sent out of their remote First Nation community to Sioux Lookout. But because of Sioux Lookout only having 20 beds to service a catchment area of 30,000, these people are then sent out even farther, to places like Dryden or Fort Frances, where their loved ones cannot easily visit with them and where these facilities don't always have the ability to speak their language. The resulting poor health outcomes are painfully evident.

All seniors in the Sioux Lookout region and right across northwest Ontario are left suffering due to a



profound lack of beds. One woman, Christine Sanders, wrote to me a few months back, very persuasively articulating her mother's struggle to access a long-term-care bed in Sioux Lookout. I asked her if I could share her story here today with us, and I'm very pleased that she agreed, because it's very poignant. She writes:

"My mother has lived in Sioux Lookout since 1949. Both she and my father were always big community boosters; they took pride in their town and contributed to it, trying to make it a better place. As a child, I remember my mother lamenting the fact that elderly people had no choice but to go to Kenora or even further afield for long-term care, as there was no such facility in Sioux Lookout. 'It's just not right that they be sent away from their community at this stage in their lives!'

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"Not surprisingly, my mother became involved with SLECO (Sioux Lookout Extended Care Organization), a group spearheaded by the Legion, and especially Rachel and Bill George. The group began agitating for a nursing care home in Sioux Lookout and in 1991, after over years of putting pressure on governments and local fundraising efforts, the William A. George Extended Care Facility opened. Initially, it could only accommodate 20 residents, but a further 60 beds were promised. And yet, as the years went by, and the demand for nursing care in Sioux Lookout increased dramatically, these beds never materialized.

"Now, at 93, my mother suffers from dementia and limited mobility. Since February, when it was determined that she would be unable to manage safely any longer in Sioux Towers, she has been warehoused in the hospital, along with many other seniors in the same position. She has now been on a wait-list for long-term care for over a year, and is 19 of 20 on that list. Care in the hospital is inadequate for her needs; nursing staff do their best, but they have neither the time nor the specialized training to deal with elderly dementia patients. Nor do they have enough adapted equipment for the elderly, things like bed alarms and reclining chairs.

"Our family is in the fortunate position of being able to pay privately for a PSW to provide personal care to my mother during part of the day, but what happens at night when she is wakeful and restless, and what about those families whose means don't stretch to that?

"I urge both the provincial and federal governments to address this issue, to put money into this immediately and provide the beds that Canadian elders like my mother deserve. Aside from the humanitarian issue, this stopgap measure of leaving elders to languish in the hospital is a very expensive model! Nobody wants to end their days in a nursing home, but we don't always get to choose, and I have come to realize that a nursing home would be a blessing for my mother, compared to this. And we're all aging; we'll be there soon too."

Sadly, Christine's mother passed away before she was ever able to see her dream of more long-term-care beds in Sioux Lookout come to fruition. She died in hospital, like so many others, without ever receiving the proper care she deserved.

As mentioned, there is a clear, demonstrated need for additional long-term-care beds in Sioux Lookout. As of a couple of years ago it was estimated that there were more than 40 people in need of long-term care who were relocated to Thunder Bay due to a shortage of beds in Sioux Lookout. After Thunder Bay, Sioux Lookout is the largest sub-area of the North West LHIN, with a catchment area of, as I said, more than 30,000, and it is uniquely prepared to provide culturally appropriate care to indigenous populations. The Sioux Lookout Meno Ya Win Health Centre was even designed with the ability to accommodate more long-term-care beds in mind.

The need for more long-term-care beds in Sioux Lookout is well documented. The community is well-positioned to provide an increase in culturally appropriate long-term care. In fact, there is a current proposal for an additional 76 beds in a building adjacent to the Meno Ya Win Health Centre that has the support of the North West LHIN, but has been sitting with the ministry since July 2014, with no response from the government.

There is a demonstrated need for an immediate investment in long-term care all across this province, and our seniors cannot afford to wait. Ontarians from all across this province are pleading with this government to please act now: Invest in long-term care so we can address the deficit and meet future needs.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Mr. John Fraser:** It's a pleasure to respond to the member from Simcoe-Grey. I have a great deal of appreciation for what he's put forward in this motion, and I somewhat agree with the member from Kenora-Rainy River, but I don't think I'd be as harsh as to say that he didn't go far enough. I think if you take a look at his motion, you could insert all of our ridings in this.

We know that it's a challenge. To the member opposite: I'm glad that he acknowledged the minister's announcement last week of 5,000 beds, and 30,000 beds over 10 years. The minister was getting heckled by a member opposite the other day about long-term-care beds who said, "You haven't built any long-term-care beds. No new long-term-care beds"—except I was in their riding in June with them when 26 new beds were announced at the Grove in Arnprior. We have to be careful when we're heckling sometimes, because sometimes we forget the things that are happening.

The advocacy each of us has for the people who we represent—their families, their parents—it's critical. As I say, I am proud of the announcements that we made in our seniors strategy last week.

I think it's incumbent upon all of us—I know that the member was a former Minister of Health, so he can appreciate the challenges that one has in ensuring that we can take those scarce resources and applying them in a way that ensures that people get the care that they need, that as many people get the care in the right place at the right time from the right person. That's a big challenge, and I know the member opposite knows that. I don't want to rehash—he was talking about hospitals and saying that hospitals are coming back to roost. Well, I think there



were some challenges when he was minister. I don't want to be unfair, but I have to say that out loud.

To the point of redevelopment of long-term care, it is critical that we redevelop homes, that those 30,000 beds that need to be redeveloped—I know that there are some in the member from Whitby's riding that are going in; that's a redevelopment. I was there, I think, last year. It's a redevelopment that's moving—

**Mr. Lorne Coe:** The minister hasn't signed off on it yet.

**Mr. John Fraser:** Well, I was there, so it's going to happen. Don't worry about it. They'll get signed off on. It's part of the capital process.

It was critical. Those beds need to be redeveloped because it's a home, and how can a home be a four-bed ward room? How can that be? We need to ensure that people have a certain level of privacy, that things are built to the standards that we build these days. That's why we've had the policy of redeveloping those beds.

As part of doing that, we also have to ensure that we right-size those facilities, which is, in the case of the Grove in Arnprior—you're not just going to rebuild 62 beds. What you have to do is be able to get the licences to build 96 beds, because that's what's needed, and it's to the standard, which is about 32 beds per floor or per ward, to ensure that you can deliver care effectively and efficiently to those people.

My in-laws are both in a long-term-care home right now, and the care that they receive there has vastly improved their lives. They were in a retirement home before. It was a real challenge to provide the level of care that my mother-in-law needed, because she's 96, she's frail, she's elderly and she has dementia. So we know that we need to ensure that we have enough long-term-care beds.

The other thing we have to remember—we talk about a waiting list of 30,000. I think in the last year, there were 21,000 admissions into long-term care.

The other critical piece, and something that I've been working on—and the member opposite would know; maybe not specifically about this, but I've had the pleasure of being in his riding at Matthews House and seeing the good work that they're doing there and supporting that; as well as the member from Bruce-Grey-Owen Sound—I was up there, I think, last spring; and, actually, the member from Whitby, as well. Palliative and end-of-life care in long-term care: In last year's budget, along with the capital commitment we made to the Hospice Capital Program, we made an investment in the budget that is directly about palliative and end-of-life-care training in long-term care.

Long-term care, for most people, is the last stop. It's their home; that's where they likely will pass away. So it's critical that we ensure that the good things that are happening in many long-term-care homes to address palliative and end-of-life issues happen everywhere. A lot of that is training, but it's also building a culture that allows for care to be delivered, with things like ensuring that there's family involvement, ensuring that when you intake a new resident, there's a very clear understanding

of permissions and wishes and that their life plan can be thought about and organized so that they're ready and the home is ready when that time comes. I'm really proud of the work that's being done there. I know that, through the Ontario Palliative Care Network, that will be one of their focuses over the next three years to ensure that we are delivering palliative care and long-term care.

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I also wanted to mention one thing. I made a quick little note of this. The member opposite repeats the line and keeps saying "a cut in physiotherapy." In actual fact, we're delivering more physiotherapy to seniors than we were before we made that change. It wasn't a cut; what it was is we found a way to ensure that we were putting the right resources to the right kind of care and compensating in a way that made sure that we used those resources really well. So I wanted to mention that to the member.

Since 2003 in the North Simcoe Muskoka LHIN, we have opened 333 new long-term-care beds: 50 beds at the Grove Park Home for Senior Citizens; 128 beds at Victoria Village in Barrie; 64 beds at the long-term-care home for the deaf; 55 at The Pines; and 36 beds at the Georgian Manor. Since 2003, we've redeveloped 144 beds in long-term-care homes in Simcoe. I say that to say that there is an investment there.

Each party has been on this side of the House. We've heard in debate and heard in question period the different decisions that people had to make to ensure that that scarce resource that we have is applied in a way that we feel best ensures that most people are getting the right care in the right place at the right time from the right person.

I know the member opposite understands that, and I appreciate and support his motion, as I would support this motion from any member in this House.

As I said earlier, you can literally fill in the blank there—that's something we are working to address. There are challenges. We know that. The work that we do here—and I think I've said this before—is imperfect. We'll never be done in health care. We'll never be done in most of the work that we do here. It's a state of continuous improvement. It's a state of continuing to push forward and work on those things that we know are critical and important to the people we represent. If I go and knock on a door in my riding, I can almost assure you, at every door, if health care isn't number one it's number two. It could be an issue with a senior; it could be an issue with a child. It's incumbent on all of us in the House here to work towards that goal.

The role of the opposition, I understand, is to push and to criticize, and I really appreciate the respectful tone of this debate, because sometimes we assign motives to each other—and I'll say—on both sides. I don't think that does us good. I don't think it's a good thing to do for us to work together to ensure these things are done.

I, again, want to thank the member very much for putting the motion forward, for the opportunity to speak to it and for his advocacy on behalf of his constituents.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?



**Mr. Bill Walker:** As PC critic for seniors, long-term care and accessibility, I'm pleased to rise in support of my colleague Jim Wilson's motion to increase long-term-care capacity in his riding of Simcoe-Grey.

I commend him: He is among many of us here who are pushing very hard to have long-term-care beds available for the people of our ridings. As a former Minister of Health, he was responsible for approving \$2.1 billion in funding for long-term care: 20,000 new beds were approved and 16,000 to be redeveloped. I want to say, Madam Speaker, some of the 10,000 that the current Liberal government is taking credit for were actually implemented under Mr. Wilson and the Harris government.

Despite seniors being the fastest-growing demographic with growing acuity needs, they receive very little attention and respect from this current government. I believe that caring for our seniors through long-term-care homes should be one of the government's foremost responsibilities, because seniors deserve dignified, safe and quality care. But, as I said, this hasn't been the case under this Liberal government, despite the Deputy Premier's spin that "the improvements we've made" to long-term care "are quite remarkable" and "nothing short of astonishing." I respectfully remind the members opposite that we are nowhere near where we need to be.

One thing the Liberals promised was to increase hours of care as far back as 2009. They promised to redevelop 35,000 outdated beds in 2007, and they promised to make improvements to alternate-level-of-care patients. They actually failed to deliver and even reneged on some of these promises, Madam Speaker.

The member from Ottawa South, who I acknowledge and who we just listened to, committed to redeveloping beds in my colleague from Whitby's riding. That's a wonderful thing, but how can we trust them? They told us they would redevelop 35,000 beds, and I, for two years, as critic have been asking when and where, and I can't even get that list. I hope he's sincere; I like him. But at the end of the day, his people are going to have to say, "When will it be done and will we truly get those beds?" because we haven't seen those beds redeveloped.

In my role as PC critic I've been steadfast about holding the Liberals to account. It's not criticizing; our job is to hold them to account for their many broken promises to seniors over the years. The fact is, after 14 years, life for Ontario seniors is getting harder because half of our nursing homes are crumbling and require re-development—in the next seven years, Madam Speaker. Is this even possible? Will they come out and say it will truly be done over the next seven years, that every single bed will be redeveloped? I want them to answer that question to the people of Ontario.

Some 32,000 seniors have been wait-listed for a long-term-care bed, and we know that's going to rise to 50,000. Again, we're challenging them and saying, "What are you really going to do? What's the practical plan that you're going to put in place?"

Alternate-level-of-care—or ALC—pressures have doubled. Exactly six months ago there were 1,626 ALC patients in hospitals, at a cost of about \$1,370 per day.

These were for seniors without access to a long-term-care bed. There are twice as many ALC patients today. That's a huge cost—about \$4 million—spent every day, and only because the Liberals failed to add new LTC beds. At the end of the day we know that number is going to get bigger. If it's \$4 million a day today, what's it going to be in five years?

All of these facts demonstrate how terribly out of touch the Liberal government is on the seniors file.

Madam Speaker, consider the seniors in long-term care suffering falls since this government slashed the physiotherapy budget. In fact, the incidence of falls is double the provincial target. They promised to improve quality and safety, yet we are seeing the incidence of falls dramatically increasing.

What I can tell you is that when it comes to long-term care, this government has not delivered. In fact, it has broken a majority of its promises to seniors with regard to ensuring they get better care.

Similar to my colleague for Simcoe-Grey, the MPP for Perth-Wellington, Randy Pettapiece, has been fighting to keep long-term-care beds in his community too. His motion will be debated at the end of the month. It calls on the government to halt consideration of the bed transfer proposal until the government fixes its system. For me, it's the same thing at Grey Gables in Markdale and Rockwood Terrace. Again, the member for Simcoe-Grey was the minister when that facility got approved. We should be expanding it. We were never considering they were actually going to move it.

At the end of the day, they can start changing the way they respect seniors with the actions they take by supporting this worthy motion, and add long-term capacity in Simcoe-Grey and in fact across our province.

**The Deputy Speaker (Ms. Soo Wong):** Further debate.

**Ms. Teresa J. Armstrong:** It's of course always a pleasure to stand in the House and speak to legislation, especially the private members' bills that we're allowed to bring forward from our ridings, and have the voices of our constituents heard.

The member from Simcoe-Grey has brought his motion asking this government to increase the number of long-term-care beds in his riding, and rightfully so. The member from the Liberal government has said we could probably look at every riding and we could all say we need increased long-term-care beds. There's a reason for that. The reason is because we have a situation where capacity, accessibility and availability in all regions is a problem.

If this government actually acted on the motion that was passed by all parties here—I know the Conservatives supported it and two cabinet ministers from the Liberal government supported it. It was the motion that I presented to expand the public inquiry into a phase 2. One of those items in that public inquiry expansion—we wanted to look at systemic issues—specifically talked about capacity, availability and access in all regions for long-term-care beds.



I have to say that when we're looking at long-term care—I'm the critic for the NDP in that regard, and that's my portfolio—we need to look at the full picture. We need to look at the honest problems as to what is actually happening in long-term care. It's not just about solving one specific problem, because there are systemic issues.

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Over the years, we've heard from loved ones. We've heard from family members. We have heard from stakeholders. We have heard from CEOs in long-term care. We have heard from PSWs, from front-line workers, from nurse practitioners and from a range of health care providers that there are systemic problems in long-term care.

Looking at the full picture, we're going to talk about systemic problems in the scope of quality of care, staffing levels and policies, funding levels, and how for-profit homes impact the long-term-care system. We're going to talk about enforcement of inspections. We're going to talk about the actions and inactions of this government, and what effects those had on long-term care, and the capacity piece that I just talked about.

When we actually examine those problems, when we actually examine those concerns on a systemic level, we will find answers. We will find solutions that will work in the long term for the long-term-care file, because in the next 20 to 25 years there's going to be an expansion of people who are going to require that health care, whether it's in their home, whether it's in the hospital or whether it's going to be in long-term care. We are going to do a disservice to Ontarians if we don't look at the systemic problems of the long-term-care system because many of those people who are at home, who are seniors, can't get into a long-term-care facility. They are then funnelled into a hospital into an alternative-level-of-care bed, which means months and sometimes years to wait.

Only a few years ago, Speaker, I recall that hospitals were forcing seniors to be discharged back to their homes or to long-term-care homes that they didn't want to be in, and they threatened that they were going to charge them \$1,200 to \$1,400 a day if they didn't move.

There are serious problems in long-term care. Thank you to the member for Simcoe-Grey for alerting us that he needs increased beds in his riding. But that's not the only issue in long-term care. It's throughout the province. We need to look at systemic problems, address each one and take an honest look. It's called "find and fix." Find the problems, fix the problems, have a long-term plan, and then revisit those things on a regular basis so that we know we're doing it right and we're not caught off guard another 15 years down the road trying to fix long-term care.

**The Deputy Speaker (Ms. Soo Wong):** Further debate.

**Hon. Dipika Damerla:** I am pleased to rise today and speak to this motion. I want to begin by first painting a picture of what has already been done in the North Simcoe Muskoka LHIN. We have opened 333 new long-term-care beds since 2003: 50 beds at Grove Park Home for Senior Citizens; 128 beds at Victoria Village; 64 beds

at the long-term-care home for the deaf; 55 beds at The Pines; and 36 beds at Georgian Manor.

Since 2003, we have also redeveloped 144 beds in long-term-care homes in Simcoe.

This is what we have done, but more exciting, Speaker, is what we have committed to do. We have said that we are going to build 30,000 long-term-care beds. So there will be plenty of beds for all of Ontario, including Simcoe-Grey. I wanted to say, as you know, that Simcoe-Grey is an important part of the province, but it's a once-in-a-generation commitment that we've committed 30,000 beds—

**The Deputy Speaker (Ms. Soo Wong):** Thank you. Further debate.

**Mr. Lorne Coe:** I'm pleased to rise in support of the motion from the member from Simcoe-Grey. Our seniors need long-term-care homes in their communities that are ready and capable of meeting their ever-increasing complex health care needs and able to provide safe, quality care when they expect and require it most. We have an aging demographic, Speaker, and we've acknowledged that. Ontario should have the best standard of long-term care. Long-term-care residents deserve dignified, safe and quality care, and should never worry that their health and safety may be at risk.

Speaker, the provision of long-term care in the Central East Local Health Integration Network, the largest in Ontario, which services the region of Durham and my riding, is illustrative of the increasing demands on the long-term-care system. This local health integration network has the highest number of patients waiting for long-term-care placements as compared to the other 13 LHINs, and has the highest wait-time-to-placement days in long-term care compared to the other 13 local health integration networks.

I raise this, Speaker, because it's indicative of the long-term-care demands that the region of Durham, and other regions serviced by the Central East Local Health Integration Network, face presently and in the coming decades. And that challenge is evident in other parts of Ontario.

Now, the current government committed to accommodate the 32,000 seniors who continue to languish on the long-term-care bed wait-list, a list that will reach 50,000 seniors by 2021. But once again we see no evidence that this promise will ever be honoured.

Ontario residents who require long-term care deserve more than long wait times and continued neglect from the Liberal government. Now is the time to provide assistance to the residents and the long-term care homes that serve them and, in the case of the resolution before us today, in the counties of Simcoe and Grey. At the end of the day, this is about enhancing the quality of life and supporting the needs of seniors who built our communities. After all, with all of the work they've contributed to our communities over the years, we owe them no less.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Ms. Sylvia Jones:** I'm pleased to speak on this resolution today. It's actually interesting that, this Thursday



afternoon, we have two health care-related private members' bills/resolutions. They have quite a tie-in. My colleague is talking about long-term-care beds. He's obviously highlighting his own community, which he absolutely should do.

The next PMB, private member's bill, that we are going to discuss talks about the other end of it, and that's the pressures that our local hospitals are having as a result of what we call ALC, alternate level of care, bed blockers; there's all kind of names for it. Basically, what it means is people who are living in hospitals need to be somewhere else.

I want to bring it back to my community because this has a ripple effect across Ontario. These statistics are from the Central West LHIN. They're from November 1, so they're very timely. What I want to do is highlight for the members what is happening out there in our long-term-care facilities.

Avalon Retirement Centre—and long-term care—happens to be in Orangeville. The waiting list right now is 360 days. So the average amount of time it will take for you to find a placement in Avalon is—well, just two days shy of a year.

Let's move to the Dufferin Oaks Home for Senior Citizens in Shelburne: 481 days, so a year and a half. What is also interesting about that number is, for those of you who are interested in StatsCan information, the town of Shelburne is the fastest-growing community in Ontario and the second-fastest-growing community in all of Canada. So, if right now it is taking you a year and a half, 481 days, to find a placement in Shelburne, well, you know, bless you and good luck, because it's only going to get worse.

King Nursing Home happens to be located in Bolton: a 348-day wait. Again, these are averages. Shelburne Residence, another long-term facility in Shelburne, in the north of the riding, is 352 days. Vera M. Davis in Bolton: 662 days.

Now, these happen to be the long-term-care facilities in my community, in Dufferin-Caledon, but frankly, as the member has highlighted, it's happening all across Ontario. The ripple effects are there. It is causing a backlog in our hospitals. It is causing incredible stress with family members who are truly scrambling trying to find a placement for their loved one that is in some way close to where they live so that they can actually continue a relationship and have regular times to be with their loved ones.

1420

It all comes back to how when you cause a problem—and in this case it's the access to and availability of long-term-care beds—you are causing a downstream problem with our hospitals, stress on our families, at the retirement home level and at the hospital level, and, frankly, in our ability to provide home care. It's happening there too. When people are more appropriately placed in a long-term-care facility but can't find one, or can't find one that isn't five hours away, they pull in and they try to access more home care services. It's a downstream effect that is impacting so many parts of our health care continuum. I

suppose, Speaker, that's why they call it a "continuum of care."

There's a little bit of "Just trust us and it will get better." The problem is, after 14 years, there's not a lot of trust left. At some point, you have to say, "Show me the actions." I think—in Dufferin-Caledon, I'm certainly hearing it—they're tired of the promises. They are tired of the announcements that get dragged out and reannounced over and over and over again. They want to see action. On this particular file, in the long-term-care access, we haven't seen action, and we are tired of it.

**The Deputy Speaker (Ms. Soo Wong):** I return to the member from Simcoe-Grey to wrap up.

**Mr. Jim Wilson:** Thank you, Madam Speaker. I appreciate all of the speakers. I thank you for the support.

It sounds like it's going to pass, but on June 1, I had a resolution pass in this House, unanimously supported by all three parties, and I have yet to see any action from the government. The member for Dufferin-Caledon just talked about that in terms of how we need to see action. I had a resolution. Everyone agreed that the Collingwood and Alliston hospitals needed to be redeveloped. Everything else in Simcoe county has been done. Dufferin has even been done during my time, next door to me. But nothing has happened to Collingwood or Alliston, so they're long overdue.

We're just asking for the planning grants—it was approved, as I said, here. Parliament has spoken. Parliament is supposed to be supreme; you are supposed to do what Parliament says. But we have a little problem with implementation: six months since, and I haven't heard very much. I hope the same thing doesn't happen here.

I said at a meeting recently with some government people, "Are you going to come back to me next week and tell me when you're going to implement some of these resolutions that are piling up that I have on my desk as House leader?" because I keep track of all of this stuff, and I actually got laughs from the other side. This place isn't a joke, folks. I know McGuinty—we now know that during the gas plants scandal he treated Parliament and committees, which are a continuation of Parliament, with disdain, and that has come out in the trials. You need to correct that record. You need to listen to the people of Ontario as represented by the people in this House, and you need to actually act on resolutions that you vote on.

**The Deputy Speaker (Ms. Soo Wong):** We will vote on this item at the end of private members' public business.

#### MANDATORY SEXUAL ASSAULT LAW TRAINING FOR JUDICIAL OFFICERS ACT, 2017

#### LOI DE 2017 SUR LA FORMATION OBLIGATOIRE DES FONCTIONNAIRES JUDICIAIRES EN DROIT RELATIF AUX AGRESSIONS SEXUELLES

Ms. Scott moved second reading of the following bill:  
Bill 120, An Act to amend the Courts of Justice Act  
and the Justices of the Peace Act / Projet de loi 120, Loi



modifiant la Loi sur les tribunaux judiciaires et la Loi sur les juges de paix.

**The Deputy Speaker (Ms. Soo Wong):** Pursuant to standing order 98, the member has 12 minutes for her presentation.

**Ms. Laurie Scott:** I'm pleased to rise to speak on my private member's bill, the Mandatory Sexual Assault Law Training for Judicial Officers Act, which I first tabled in the House on April 5 of this year.

I've been eager to bring this bill forward for debate ever since the government publicly stated that it has no intention of making sexual assault training mandatory for sitting judges and justices of the peace. It's not just unfortunate, as I said earlier; it is wrong.

As many of my colleagues know, I have had the privilege of serving on the all-party Select Committee on Sexual Violence and Harassment. It made 67 recommendations to address the issue of violence against women in Ontario. I'm pleased that the government has responded to many of these recommendations. However, one of the recommendations we made was to provide training to judges to address systemic problems in our province. The reasons for doing this are quite clear, and they've been made clear to the public as well with all the news stories coming out over recent months.

Just a couple of weeks ago, we saw the story about a judge in Quebec speaking very inappropriately to a 17-year-old victim of sexual assault, seeming to make the suggestion that she was in some way responsible for attracting the attention of the man who assaulted her. Specifically, he spoke of the victim by saying, "We can say she is a little overweight, but she has a pretty face," or that she was possibly "even a little flattered" because "maybe it's the first time he's interested in her." This is shocking behaviour coming from a judge, but it just confirms that the lack of sensitivity and training among judicial officers is a persistent problem across Canada.

Over the past two years, we've heard about other very troubling incidents surrounding sexual assault cases that involved judges making light of allegations or putting the responsibility for the assault onto the victims themselves.

Last month, I read an Ottawa Citizen article entitled "Ottawa Man Not Guilty of Sexual Assault Because He Thought He Could Have Sex with Wife Anytime." The presiding judge ruled that the man was not guilty of sexual assault because the crown had failed to establish that he knew his behaviour was criminal. We all know the phrase "Ignorance of the law is no defence"—except, apparently, in this case.

Let me share a quote from this article that directly supports the need for mandatory training as proposed in my bill:

"Carrolyn Johnston, acting executive director of the Ottawa Coalition to End Violence Against Women, called the ruling 'disappointing.' She said it highlights persistent myths about sexual assault.

"Any sexual contact without explicit and ongoing consent is sexual assault—regardless of the relationship," Johnston said. 'He may have believed that he had a right

to have sex with her as her husband, but Canadian sexual assault law is clear and was amended to include sexual assault against a spouse in 1983.'"

Another relevant quote comes from Megan Walker of the London Abused Women's Centre:

"For years, the judiciary has hidden behind its 'independence' as an excuse to avoid training on women's issues. That view has been reinforced recently by the Ontario government.

"The failure of the judiciary to participate in mandatory sexual assault and domestic violence training denies women of full equality rights before and under the law. It's ludicrous to suggest that judges are allowed to be held to a lower standard than any other criminal justice service provider.

"It is irresponsible leadership to refuse to make a system better."

This past May, we learned of a sexual assault case in Halifax where Judge Gregory Lenehan said, "A lack of memory does not equate to a lack of consent." Lenehan also bluntly stated, "Clearly a drunk can consent."

Kim Stanton, legal director at the Toronto-based Women's Legal Education and Action Fund, said at that time: "The Supreme Court of Canada has been very clear that a woman cannot consent to sex if she's incapacitated, whether due to alcohol or otherwise, and that has been an important holding in our law.

"The law in Canada is that only yes means yes. That's our standard of consent ... It must be affirmative and ongoing consent."

Clearly, this was a case of the presiding judge either not knowing or not following the law.

Madam Speaker, this government should be acting decisively in response to these egregious examples. They should be listening to the experts who understand the vulnerability of sexual assault victims and understand the complexity of the issue.

Last month, I met with the Ontario Coalition of Rape Crisis Centres and heard about the horrible stories of survivors of sexual assault and the type of deep trauma it causes. In particular, I learned more about how survivors respond to that trauma and how it can affect them when it comes to pursuing legal action against those who assaulted them.

The rape crisis centres and other community-based organizations are engaged in public education campaigns to ensure that consent laws are better understood, which is excellent and much needed, but this is something that the government should be doing, particularly when it comes to the judicial system.

After all, even the government's Police Services Act, Bill 175, which I spoke to today, mandates—and I repeat, mandates—training for police officers on human rights issues and systemic racism. Section 35(2) of that bill reads: "A member of a police service board shall complete prescribed training with respect to human rights and systemic racism as well as any other prescribed training within the prescribed period." Why should our



judges be treated any differently? Why should sexual assault be treated any differently?

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Shortly after I tabled my bill this past April, the Attorney General responded to my questions in the Legislature by saying he was perfectly satisfied with the optional training modules that the Ontario Chief Justice told him were going to be offered to sitting judges. Frankly, with the examples I just talked about, that is not good enough. I'm disappointed that the minister considers the matter closed.

Stakeholders certainly don't agree with the minister. Since tabling my bill, I've received letters of support from many people and organizations. For example, Dr. Jacqui Linder, a renowned clinical traumatologist and founder of the Chrysalis Anti-Human Trafficking Network, said, "Ontario has an opportunity to become a world leader in the fight against sexual violence by ensuring mandatory training of professionals interacting directly with survivors during the course of their work. As a trauma specialist and educator, I strongly support initiatives like Bill 120," which we are debating here today, "designed to increase understanding of the complex dynamics underpinning sexual assault, human trafficking and sexual violence in general."

Then there's the Elementary Teachers' Federation of Ontario, which wrote a letter to the minister endorsing my bill, stating, "The new judicial education plan requiring new provincial judges to participate in sexual assault law training, approved by the Ontario Court of Justice's Education Secretariat and the Ontario Judicial Council, is an important step forward. However, since the training won't be mandatory for current provincial judges, victims of sexual assault appearing before the provincial court still run the risk of experiencing negative and damaging comments and rulings from the presiding justice."

The minister then argued that making sexual assault training mandatory would somehow undermine judicial independence, which just doesn't make any sense. There are already provisions for continuing education and training in the Judges Act. My bill would simply expand the existing legislation to accommodate sexual assault training.

My bill doesn't instruct judges on what the exact format of the training needs to be or how they should deliver it—only that some form of sexual assault training needs to be mandatory. Requiring that all judges are properly trained to hear and handle sexual assault cases would actually go a long way towards strengthening Ontarians' trust in our judicial system, especially in the light of the many examples that I have shared. There are many newspaper articles for everyone to read.

If Ontarians knew that all our judges were fully trained to handle sexual assault cases, I believe that more victims would be willing to come forward to tell their stories and they would no longer fear the idea of seeking justice through our court system. Above all, legislators have the responsibility to develop laws to protect our

citizens, especially the most vulnerable, and I strongly believe that my bill does exactly that.

I've discussed a lot in the Legislature about human trafficking and sexual violence. I appreciate that the government has moved on some of those initiatives. Sexual assault training for new police officers, for example, about human trafficking is going to occur in January, and at the Ontario police colleges. So I say: Why not for judges? It's long overdue. But you see the government saying yes to training for new judges and justices of the peace that are going to be appointed. You see this happening in the police colleges, we hope, on the first of the year. You see Bill 175, which we are debating, on mandatory training for police. You see also that the government is training crown attorneys specifically on human trafficking cases. So you see, you're almost there. You've got training in areas of the justice system that does need to happen.

I can tell you that just on the training for the crown attorneys on human trafficking, there has been a difference in the fact that victims are supported and we can get them to testify in court. So you see, there's tangible evidence that training on sexual assault within the justice system is already making a large impact.

As Jacqui Linder has said, we can be leaders here in the province of Ontario. We can be leaders for making training mandatory for judges and justices of the peace who are sitting now—they are hearing the cases now.

Very few sexual assault victims come forward. We need more of them to come forward. We need to build confidence within the victims that they can be fairly treated and not revictimized, and that justice will be served. That is part of the cultural shift we all need to do in the province of Ontario to have zero tolerance for sexual assault.

**The Deputy Speaker (Ms. Soo Wong):** Further debate.

**Mrs. Lisa Gretzky:** I'm pleased to speak today to Bill 120, the Mandatory Sexual Assault Law Training for Judicial Officers Act, and to give it my full support.

This bill ensures that any person who is being considered for appointment as a provincial judge must first complete comprehensive sexual assault law education. The bill also amends the Courts of Justice Act to require current judges to complete education in respect of matters related to sexual assault law.

Madam Speaker, these changes are long overdue, but it's disturbing that they are even necessary. We hold judges to a very high standard in Ontario, and we expect them to defend human rights and uphold justice for everyone. While we know that the vast majority of judges in Ontario do honest and fair work, ensuring that there is standard training across the board will only allow judges to be that much more equipped to perform their jobs well.

We also know that there are a small handful of judges, like in the case we just saw in Calgary, who clearly don't have a grasp of how to properly handle instances of sexual assault. As a reminder to the House, a judge in



Calgary resigned after it was recommended that he leave his job due to, frankly, disgusting comments made to a victim of sexual assault. The young woman in the case was told by the judge that she should have kept her knees together, and he also suggested that she could have moved her body away from the assailant to prevent the assault. I know that everyone in this House feels as angry and disturbed by these comments as I was.

The reality is that everyone in our justice system, not just judges, benefits from mandatory training and on-going education about sexual assault. Even people who have received similar training in the past, or who are educators on the topic, can always learn more and update their knowledge.

I want to reference a case here in Ontario, Mandi Gray's case, back in July 2016, so it was just last year. Ontario Court Justice Marvin Zuker was the presiding judge over the case. "The myths of rape should be dispelled once and for all," he announced near the long-awaited end of his verdict. "It doesn't matter if the victim was drinking, out at night alone, sexually exploited, on a date with the perpetrator, or how the victim was dressed. No one asks to be raped."

I'm going to talk specifically to the fact that he's talking in his comments about drinking as well. I just want to point out that under our law, alcohol consumption is strongly considered when you're pulled over by the police and they are trying to determine whether you are capable of operating a motor vehicle. They test you to find out if you are impaired because of the amount of alcohol that you have consumed. There is law governing the amount of alcohol and your ability to operate a vehicle. And yet, for some reason, that all goes out the window when you're talking about somebody's ability to consent to a sexual act.

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I'm not sure how we can consider alcohol consumption having the ability to impair somebody's thinking, somebody's ability to properly control their body and react to a situation when we're talking about a motor vehicle, but for some reason, in our court system—and again, I'm not saying that this is all judges—someone who has been sexually assaulted—and it's not just women. Men get sexually assaulted too. But for some reason, when someone comes forward and it's found that they have consumed alcohol, that is not taken into consideration when it comes to their ability to have consented to having sexual intimacy with someone. That is shameful.

It is often used against the victim of sexual assault. That is something that needs to be changed. That is something that this particular motion could address. I think that Justice Zuker spoke very wisely about what it's like to be a victim of sexual assault, and the fact that so many things are used against a victim when they come forward when really they're things that shouldn't be considered. However, alcohol consumption should not disqualify a victim of sexual assault. Just because someone is intoxicated doesn't mean that they've asked to be raped.

From that Mandi Gray case—there was someone else who had just gone through at the same time, actually. The cases started on the same day but in different courtrooms in the same courthouse. She was Linda Redgrave, the first witness in the Jian Ghomeshi case. She commented on the verdict in Mandi Gray's case. The alleged perpetrator was found guilty, but unfortunately that has been overturned. So they are going to have to go back through court again, and the victim is going to have to go through this process all over again.

Linda Redgrave made a comment about Justice Zuker's finding that this gentleman—and I'm using that term lightly, because he's accused of sexual assault and was found guilty. What Linda said about Justice Zuker's decision was that Zuker's verdict "reaffirmed her belief that sexual assault deserves its own specialized court, where judges and crown attorneys are trained in rape myths. It also reaffirmed her position that the accused in rape cases must take the stand, so their credibility can be as rigorously tested as hers was."

We also have a system where often the victim is put on trial, yet the accused never takes the stand to be subjected to some of the same demeaning examination as the victim who has come forward. I think that speaks volumes.

Here we have someone who had come forward and acknowledged that training is needed for those within our justice system when it comes to sexual assault.

Again, I want to point out that often we're talking about women, but men can be victims of sexual assault too. Education like this would teach those in our justice system that there are differences when it's a woman coming forward and when it's a man. Often that process for a woman is going to play out very differently than it is for a man. It's not easy for a man to come forward and say that he was sexually assaulted. Often, people think that's laughable, actually, that a man would say he was sexually assaulted. It's very different for men and women. I think that having education for those within our justice system would certainly encourage more people to come forward and share their stories when they've been sexually assaulted.

I truly hope that this motion will pass. I hope that everyone on all sides of the House will support this motion, and I hope it doesn't just end there. I hope that it really is an actionable item. Often motions come forward and they have full support of everybody in the House, and then the government side sits on it and nothing changes. This is such an important issue. Things need to change. They needed to change yesterday. They needed to change last year. They needed to change decades ago. I'm hoping that this is going to be an actionable item and that things truly are going to change.

We don't want to see a repeat of what happened with that judge in Calgary. We want to see some fulsome education on this topic. We really want the folks in our justice system to have a fulsome education. Not every victim is the same. The way they respond, the way they react is not the same. Some will come forward immedi-



ately; some will take years to come forward. The system as it is now revictimizes victims.

They need to recognize that not everybody is going to respond in the same way. You can't have a template that says, "Well, if she didn't say this, then it must not have happened;" or "If she didn't react this way or he didn't react that way, then it must not have happened;" or "She didn't come forward in this amount of time; she must have made it up;" or "He didn't come forward in this amount of time."

Or maybe some of what they're sharing changes. The story might change a little bit, and that's normal. That's not an indication of them making it up as they go along. That's not an indication of them lying. When you are traumatized, often the way you remember things will change. Sometimes things become more clear over time; some things become a little more fuzzy over time. We need to make sure that the folks in our justice system are educated around that, and that it's not a one-size-fits-all template and if you don't fit in that template, then clearly you're making it up. We can't allow sexual abusers and assailants to go free because of a lack of understanding from trial judges.

Again, I'm proud to stand here on behalf of my constituents and on behalf of my colleagues in the New Democrat caucus to say everybody in this House—it doesn't matter which side you're on—needs to support this motion and the government needs to take action.

I don't think that there is anybody out there on the front lines—any of our first responders, anybody who works in the justice system—who would oppose being educated, to learn how to be sensitive to the way different people react to difficult situations like sexual assault. I don't think any of them would oppose that. We expect that of so many people. We expect that of our doctors; we expect them to have continuing education. We expect that of our lawyers. We expect that of our dentists. We expect that of our teachers. Many of them have to have continuing education in order to keep their licences to practise. I don't think it's unreasonable to be asking the same of those judges in our system, to ensure that they have all the information they need for the very important decisions that they need to make.

Again, the majority of our judges do a phenomenal job with the tools that they are given. We need to make sure that they are given all the tools and all the education that they need in order to do the best job that they can.

**The Deputy Speaker (Ms. Soo Wong):** Further debate.

**Hon. Dipika Damerla:** I want to add my voice to this very important motion. I want to begin by acknowledging and thanking the member from Haliburton-Kawartha Lakes-Brock for her advocacy on this really important issue. I have to say that she comes by this really honestly. This is an issue that she has been advocating for for a very long time in this chamber. I have been witness to that, and I really want to thank her for that.

I just want to say that what the member opposite is asking for is admirable. But I do want to point out that

what the Chief Justice has already indicated is that he is already doing what the member from Haliburton-Kawartha Lakes-Brock is asking for, which is why we are so pleased. The Chief Justice has told the Attorney General that the Ontario Court of Justice has expressly mandated that sexual assault education be mandatory for new judges. It's mandatory, not voluntary, not optional. I think that is very important to recognize. So while I applaud the spirit of this bill, I do want to point out that I believe that this direction by the Chief Justice accomplishes what the member from Haliburton-Kawartha Lakes-Brock is trying to move forward.

I also want to add that our government recognizes the devastating impact of sexual assault violence, and we are committed to a society where survivors of sexual assault feel safe coming forward and feel supported. Sexual violence is far too prevalent in our society, and this is not acceptable. That's why our government introduced It's Never Okay, our \$41-million action plan to stop sexual violence and harassment. Through this program, we have also launched a free independent legal advice pilot program for survivors of sexual assault. We also passed legislation removing barriers for survivors of sexual assault to start a civil action or claim. We are committed to supporting survivors of sexual assault.

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So, Madam Speaker, I do once again applaud the thought behind this bill, but I think it's important to point out that the Chief Justice's direction accomplishes, I believe, what the member is trying to accomplish.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Ms. Lisa MacLeod:** It's my pleasure to join debate today on this very important piece of legislation, the Mandatory Sexual Assault Law Training for Judicial Officers Act.

Before I start, I would like to introduce a friend of mine, Blair Yakimoski, who is from the Manitoba Legislature. It's wonderful for him to be here. We had this conversation, as I was on my way down here, that they are also talking about this in Manitoba.

It's a very important time for us to be having these discussions about this type of access to training in our judicial system, because unfortunately, as we've seen and we've heard through debate so far, this is something that has been required. It started out with work by the Honourable Rona Ambrose, the former leader of the Conservative Party of Canada, who brought forward legislation after there was a very despicable incident that happened in my native Nova Scotia, where a taxi driver decided he was going to rape a woman who had been intoxicated. This individual was not given any time as a rapist and as a sexual offender.

Before I get into that, it's very important for me to acknowledge the very admirable work of my colleague Laurie Scott. She has been a leader in this country against human trafficking, and for the rights of women and, in this particular case, protecting women from sexual offenders through the legal system.



We all know that sexual assault is devastating to its victims and to their families. No one, absolutely no one, in the province of Ontario or elsewhere in Canada should ever be revictimized when they enter a courtroom—never. That's why today's legislation is so important. I do hope the government will support my colleague and ensure that this has a speedy passage, because one woman being denied justice in Ontario is one woman too many. One step forward today is requiring all judges to be trained properly to handle sexual assault cases.

Let me give you an example of what happened on October 18 in the city of Ottawa, the seat of our capital, one of the greatest places to live—because that's where I'm from, Speaker.

Justice Robert Smith said in a sexual violence case: "I find that the accused probably had sex with his wife on many occasions without her specific consent, as both he and she believed that he had the right to do so." Nevertheless, in finding that, the accused was found not guilty because of his "belief" system. Well, if there is anybody in this Ontario Legislature who believes that marriage is a shield for sexual assault, then I would suggest you had better get with the times. It's 2017. There should be no woman in this province who goes into a courtroom and is denied justice because her husband thought it was all right for him to do that.

I don't have words for it. In fact, every time I read that article, Speaker, I gasp. I lose my breath to think of what that woman and her children must be going through. That's why I think this piece of legislation that Laurie Scott has brought forward is mandatory for this province. It should be mandatory to train all judges properly to handle sexual assault. She has taken leadership time and time again.

We just hope that all members of this assembly will recognize that we need to strengthen Ontarians' trust in our legal system. This is at a time when, worldwide—it doesn't matter what you open, whatever article it is; you're finding out there's a Harvey Weinstein, a Michael Moore, a Kevin Spacey, all of these famous people—and before them all was Jian Ghomeshi. If we can't protect Ontario women from monsters like those I've just described, then we at least must make sure that when they go to get justice at an Ontario court, they're protected by the judges who are going to adjudicate on that matter.

For you, Laurie Scott, to be bringing this up time and time again is admirable and important. It's something we should all lend our voice to support and bring back into our communities because, ladies and gentlemen, if we don't act as ambassadors in our community, if we don't say that this type of incident is wrong, then who will? It's our job, and it's our job to support this motion, as well thought out as it is, to ensure that this happens in a very expeditious manner.

With that, Speaker, again, I would like to say thank you for entering me in the debate today.

But to you, Laurie Scott: I admire you. The work that you're doing is truly that of a leader, and it is very inspiring.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Mrs. Cristina Martins:** It gives me great pleasure to rise in the House this afternoon to speak on Bill 120, the Mandatory Sexual Assault Law Training for Judicial Officers Act, 2017.

I want to start off by thanking the member from Haliburton-Kawartha Lakes-Brock for her advocacy on this important issue and for bringing this motion to the House today to ensure that we are talking about things that are so relevant in our society today, in our province, and that we are giving it the time that we need to provide to ensure that people are being made aware of what is actually going on.

As a government, we recognize the devastating impact of sexual violence and recognize that it is an issue that demands attention from all levels of government. As a government, we are committed to a society where survivors of sexual assault feel safe coming forward and supported.

That is why our government introduced the It's Never Okay action plan, our \$41-million action plan to stop sexual violence and harassment, and we have launched a free independent legal advice pilot program for survivors of sexual assault.

I want to remind the House that our government has increased funding to the 42 sexual assault centres across Ontario by \$1.75 million, for a total of \$14.8 million per year. We have passed legislation removing barriers for survivors of sexual assault to start a civic action or claim. We are committed to supporting survivors of sexual assault.

With all that being said, I believe that there is more that we could be doing in this province to ensure justice for survivors of sexual violence and harassment. Supporting survivors is really important to our government because we know that as they move through the justice system, these processes have the potential to retraumatize the victims, and we want to do everything we can to ensure that that does not happen.

That is why, earlier this year, in April, I introduced the Judicial Sexual Assault Education Act to ensure that judicial candidates have proper training on these issues before they are appointed to the bench. This training for judicial candidates would complement the enhanced education and training for crowns and victims services workers, which has already provided special training to 600 crowns who received training in 2016 on conducting sexual violence prosecutions, and to improve data collection to help identify areas that require attention and improve the justice system's response to sexual assault survivors.

The bill I introduced back in April would amend the Courts of Justice Act to require candidates for appointments as provincial judges to have completed education or training in the law of sexual assault, including the law of evidence as it relates to sexual assault proceedings, the principles of consent to sexual activity, and the myths and stereotypes associated with sexual assault com-



plaints. My private member's bill would build on the It's Never Okay action plan that I have already spoken about.

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Ontario has made significant strides in addressing sexual violence. At the time I introduced my private member's bill, I spoke about how education for judges is a necessary next step to ensure that survivors are supported throughout their entire experience with the justice system. My bill did not set out to prescribe a specific set of courses or qualifications that judicial appointees must tick off. Rather, we trust the Judicial Appointments Advisory Committee to provide us with recommendations on our judges, and we trust them to identify amongst themselves what they believe to be sufficient training or education.

At this time, I'd like to thank the Attorney General and recognize him for being a leader on combatting sexual violence in Ontario. The Attorney General has already been a leader in government on this file, on the It's Never Okay action plan and the role that he played in that action plan.

I also respect his role as the representative for a fair and independent judiciary that we have here in Ontario, and understand the importance for the judiciary to be free from the influence of the political party of the day, no matter which political party it may be. The issue we are talking about here doesn't have any political party, does not have any political stripe. It is a serious issue and one that needs to be addressed.

That being said, I believe that if you are going to apply to be a judge, you should have the knowledge and experience to deal with cases of this nature. We have heard a number of stories over the course of the past several months of judges across this country who simply didn't have the knowledge or capability to try these cases reasonably. I firmly believe that we need to do something to ensure that this does not happen here in Ontario.

As I said earlier, supporting survivors is really important to our government. That is why we have dedicated legal supports. That is why we have specially trained crowns, and free legal advice for survivors of sexual assault. That is why we are pleased that Chief Justice Lise Maisonneuve has told the Attorney General that the Ontario Court of Justice has expressly mandated that sexual assault education be mandatory for new judges—again, not a voluntary education, not a “perhaps” education, but a mandatory education for new judges.

The education plan has been updated and is available on the Ontario Court of Justice website. I am confident that the action taken by the Chief Justice will serve to increase the public's confidence in the justice system and that Ontario is responsive to survivors of sexual assault.

I am very pleased, as I said, Madam Speaker, that the Chief Justice has taken this direction and has made sexual assault education mandatory for new judges. I'm very pleased that the Chief Justice has put this into place.

I want to take a moment once again to thank the member from Haliburton–Kawartha Lakes–Brock for her advocacy on this important issue for us to be able to

speak about this important issue here in the House once again this afternoon.

As was already said by my colleague on this side of the House, what the Chief Justice is already doing is what the member from Haliburton–Kawartha Lakes–Brock has asked for.

But there's never enough time. We never have the opportunity to talk about these important issues, so I do want to thank the member for bringing this topic up here today for us to be able to discuss it and bring light to the importance of this issue, to ensure that we do have the appropriate level of training for our judges.

Madam Speaker, I'm just going to say that I am proud to be able to stand up here today to speak on this motion, and I will be supporting this motion from the member.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Ms. Sylvia Jones:** I'm thrilled to be able to speak to Bill 120—well, I'm not thrilled, actually. I wish the government would have just adopted what my colleague from Haliburton–Kawartha Lakes–Brock has been advocating for a number of years.

Of course, we know Bill 120 seeks to amend the Courts of Justice Act and the Justices of the Peace Act to require provincially appointed judges and justices of the peace to complete sexual assault training in order to be considered for appointment.

It also requires that the continuing education of current, and I want to reinforce the word “current”—not newly appointed, but currently serving—judges and justices of the peace include sexual assault law training.

To understand why this legislation is so important, we can look to the stats on sexual assault. Statistics indicate there are over 460,000 sexual assaults in Canada every year and, of those, only 5% of sexual assault survivors report the incident to the police—5%.

Now, out of every 1,000 cases, only 33 are reported to the police. Twelve of those 33—and remember, we're only talking about 5%. Twelve of the 33 have charges laid. Six—so we drop down by 50%—are prosecuted. Then we drop down by 50% again. Three lead to convictions: three out of 1,000. This means that 997 assailants out of 1,000 walk free. It is this statistic that demonstrates how little faith survivors have in our judicial system. If only six sexual assault cases of 1,000 are prosecuted, it is of the utmost importance that those cases are handled with the care and sensitivity they require in order to ensure that the victims who are finally willing to come forward actually have confidence in our judicial system.

I don't think any government should be proud of a 5% record. Ensuring that every provincial judge is effectively trained in handling the sensitivity of sexual assault cases is essential to encouraging victims of sexual assault to seek justice against perpetrators.

In 2015, I, along with my colleague the member from Haliburton–Kawartha Lakes–Brock, had the privilege of being a member of the all-party Select Committee on Sexual Violence and Harassment. While on the committee, we had an opportunity to hear from countless surviv-



ors, family members, advocates, health care practitioners, and justice and social support workers about their experiences directly dealing with sexual violence and harassment in Ontario. There were 67 recommendations that came out of that select committee. Number 10 specifically talked about providing training to judges to address systemic problems in our judiciary.

That experience demonstrated to me that the current education for provincial judicial appointees on sexual assault needs to include training not only for new judges but current judges as well. Current justices are required to undergo training to help them understand the principles of consent, myths, stereotypes regarding sexual assault, and the conduct of sexual assault.

I'm not going to talk about the existing cases and the horrible stories that we've heard. Every member who has spoken has given some examples. But I want to talk about the excuse of why we can't proceed with Bill 120. The excuse that is used in the continuing inaction to train currently serving justices is the need to maintain judicial independence.

I want to look at some precedents. We can look at the precedent that was set in the *R. v. Gladue* case by the Supreme Court of Canada that directs judges to take into consideration the history of indigenous people when providing sentences. That directs judges, Speaker. The introduction of the Gladue principle demonstrates that providing the tools for judges to be able to contextualize their cases more effectively does not interfere with their ability to do their job.

I want to talk about that because we hide behind, "We can't direct the judges." We're not directing the judges. As legislators, we're giving them the tools they need to provide the service. It enhances their ability to fulfill their duties of facilitating a fair and unbiased environment where justice can be served.

Bill 120 has the same goal, by providing judges the tools to ensure that they are able to recognize the sensitivities around sexual assault cases and ensure that a standard for acceptable conduct is set.

It's time for us to come together and show that we can do better for survivors of sexual assault. Five per cent is not good enough. If this bill is passed, I have no doubt it will give women more confidence in our judiciary system by ensuring all provincial judges are effectively trained in handling the sensitivity of sexual assault cases. We do it with our police. We do it with our social workers. We do it in our treatment centres. Why are we so scared to say to judges, "We want to give you more tools. We want to make sure you understand what you're facing when a victim of sexual assault—finally—is one of the 5% and chooses to appear before you"?

1510

**The Deputy Speaker (Ms. Soo Wong):** Further debate.

**Mr. John Fraser:** It's a pleasure to speak to the member's bill. I'd like to congratulate her and thank her for bringing it forward. It is critical that we support the judiciary and judicial officers with this kind of training.

The member from Nepean–Carleton made reference to a ruling that I think shocked many members of this House, and indeed a lot of people in Ottawa—with regard to a judgment in the case that she mentioned. It's top of mind for everybody, as it should be. Thankfully, we can see in the current environment that more and more people are coming forward with their experiences, and there's no longer the kind of stigma that's attached to that.

We know Chief Justice Lise Maisonneuve told the Attorney General that the Ontario Court of Justice has expressly mandated that sexual assault education be mandatory for new judges. I couldn't agree more. The education plan has been updated and is available on the Ontario Court of Justice website. I am confident that the action taken by the Chief Justice will serve to increase the public's confidence in the judicial system, and that we can continue to move forward on ensuring that in our society, these kinds of crimes and actions are made more unacceptable and those people who commit them are brought to justice.

**The Deputy Speaker (Ms. Soo Wong):** I return to the member from Haliburton–Kawartha Lakes–Brock to wrap up.

**Ms. Laurie Scott:** I want to thank all the members who spoke to my private member's bill, Bill 120, An Act to amend the Courts of Justice Act and the Justices of the Peace Act, so that sitting judges and sitting justices of the peace have mandatory training on sexual assault. This is what the nucleus of the bill is.

I appreciate the fact that new judges and justices of the peace will have that training; I do. I appreciate that there has been movement on training for crown attorneys, especially in the human trafficking department; I do appreciate that. But there is already training on sexual assault sensitivities for police; there is for the social workers; there is for the crown attorneys and new judges. So the government is saying that training is the way to go and that it does work.

We're talking about victims who are traumatized now, who are scared to come forward to a justice system because the current judiciary is not mandated—mandatory training does not exist, and that is wrong.

My colleague from Dufferin–Caledon, who sat on the Select Committee on Sexual Violence and Harassment, said the statistics are that only 5% of cases are reported and six out of 1,000 are prosecuted. She mentioned the precedent-setting cases where judges were given tools for specific sensitivities. That is what I am asking everyone in this Legislature to support—that we are giving existing judges the tools, the training that they need, so they know the sensitivities and do not revictimize victims who come forward. That is what we owe our victims. That's what we owe the people we represent in the province of Ontario. So—

**The Deputy Speaker (Ms. Soo Wong):** Thank you. We will vote on this item at the end of private members' public business.



## HOSPITAL SERVICES

**Ms. Harinder Malhi:** I move that, in the opinion of this House, the Minister of Health and Long-Term Care should continue to work with local health care planners and hospital officials to ensure that Brampton receives proportional treatment that reflects the community's rapidly increasing population; and to continue to work to improve the local patient experience when it comes to hospital care, including examining the potential for reducing emergency room wait times and other resources to address acute care capacity challenges at the Brampton Civic Hospital.

**The Deputy Speaker (Ms. Soo Wong):** Ms. Malhi has moved private member's notice of motion number 70. Pursuant to standing order 98, the member has 12 minutes for her presentation.

**Ms. Harinder Malhi:** Today I'm incredibly proud, as the member for Brampton-Springdale, to rise to debate my motion regarding health care services in my community. As I have said many times in this House, it is an honour to have the opportunity to speak at Queen's Park on behalf of those living in Brampton. Every day that I am in my community, whether it be at events within the city or in my constituency office, I have the opportunity to speak to residents and to hear from residents about what they are concerned about and what matters most to them and to their families.

Madam Speaker, often what I hear is that they are happy with what we're doing. They're happy with free tuition, free pharmacare going forward, and an increase in the minimum wage. They're happy with the plan that we're putting forward as a government. They see the strong vision that we have for the people of Ontario and how we're continuing to build a stronger Ontario.

But, Madam Speaker, I have also heard from them about some of the issues they believe we need to be focusing on locally. One of those issues is health care. I myself have been a very strong and vocal advocate on health care and I know that we have an incredibly fast-growing community in Brampton—one of the fastest-growing communities in the country—and we need health care that reflects this fact. Census numbers show that Brampton's population has been growing at almost three times the national average. Our population in some areas of the city has more than doubled from 2011 to 2016. I can say, from being on the campaign trail the first time in 2011 and now coming to 2017, that the number of doors has definitely increased. You see the rapidly growing communities, the rapidly growing neighbourhoods and the growth in our community. That is why any chance I get I have spoken with the Minister of Health and Long-Term Care about the experiences that those living in Brampton face.

I want to be clear before we start this debate that we are truly blessed to have one of the best health care systems in the entire world and some of the greatest health care practitioners working in Brampton, whether it be at the Peel Memorial site, Brampton Civic or anywhere within the William Osler family. We are so

fortunate to have caring individuals who support our local communities every day.

More than a million more Ontarians—that's 94% of all Ontarians—now have access to a primary care provider. The Fraser Institute, the Wait Time Alliance and the Canadian Institute for Health Information have all ranked Ontario as having some of the shortest wait times in Canada, and we are lucky to have the best front-line workers, nurses and doctors in the entire country. But that doesn't mean that our work should stop there. Some of you will know that we had a very important announcement last week in Brampton with the Minister of Health. We were lucky to have the minister standing alongside our municipal partners to announce that we are now making 37 new beds available at Brampton Civic Hospital to help with some of the growing pressures that we face.

We also announced that our government is supporting William Osler's next step in redeveloping the Peel Memorial site. This is an investment of hundreds of millions of dollars that will enhance access to continuing care in Brampton and will create the equivalent of a medium-sized hospital locally.

People in my community took this announcement very well, and as the local member for Brampton I was extremely excited to be a part of this announcement, not only because it is a great investment in my community, but also because it shows that our government is listening.

I know that this is an important issue for all of us. Just this past spring, Premier Wynne herself was in Brampton to celebrate the grand opening of the new Peel Memorial Centre for Integrated Health and Wellness. I can see that she understands how important these health care investments are to my community. That is why we are continuing to make those important investments across the system that will increase access, reduce wait times and improve the patient experience for those living in Brampton.

1520

We have invested in an urgent care centre for people who aren't in life-threatening danger but who still need immediate access to care for injuries or illnesses. We have opened a day surgery facility for procedures such as cataracts and orthoscopic surgery, and an outpatient clinic for children, youth, expectant and new mothers, and newborns. We've increased access to programs and services for chronic disease prevention, mental health and addictions programs, seniors' wellness, and diagnostic imaging, and we've made it easier to access dialysis for patients with kidney disease.

Our government wants to see Brampton succeed and thrive, and we want to ensure that people have access to the services that they need, when they need them. We want patients in Brampton to know that our health care system is going to be there for them when they need it.

At the announcement last week, I got the opportunity once again to speak with the minister about our local health care issues. He reiterated to me and William Osler



that William Osler is continuing to conduct its long-term planning for local health delivery, and he is wholeheartedly committed to supporting this process the entire way through.

I really want to emphasize to members of this House one particular point that he said to me, and that is the word “continuing.” That is exactly why I worded my motion the way I did today: because while we have made critical investments in health care in Brampton already, we need to make sure that this work continues. We need to make sure that the minister continues to work closely with our health care planners and hospital officials to ensure that Brampton receives proportional treatment that reflects the community’s rapidly increasing population, and we need to ensure that he continues to work to improve the local patient experience when it comes to hospital care, whether that’s by examining the potential for reducing emergency room wait times or by exploring other resources that will address acute care capacity challenges at Brampton Civic Hospital.

I want those whom I represent in Brampton to know that I will not stop advocating on your behalf. I will continue to listen closely to you to better understand the concerns that you have and I will do everything I can to ensure that our government continues to make health care in Brampton a priority. Not just as your MPP but as a resident, as somebody, as I said earlier this week in this House, whose family has used those services every single day, I know that it’s very important to me, with aging parents, with a baby in the family, with people who constantly need those services, that we continue to provide and we continue to make those necessary investments and that we continue to understand the pressures that Brampton is facing, being a growth community.

I know that we’ve had these conversations with both the minister and the Premier. They too understand that Brampton is rapidly growing and is the ninth-largest city in the country right now. I know that my colleagues and I will continue to advocate and fight for the health care needs of Brampton. Because we use those services, we understand how important those services are to us and to our loved ones. We know how essential they can be in a time of need and what families are going through when they walk into an emergency room. That state of mind that you’re in, that nothing can seem to move fast enough, nothing can happen quickly enough—our medical professionals are there to support you, and I’m proud of the work that they do.

I’ve had many opportunities to meet with hospital officials to better understand how the emergency department at Brampton Civic works, what their procedures are and what their walkthrough is like. I’ve done many tours of different units of the hospital, whether it be with the RNAO or with hospital officials, to better understand every part of Brampton Civic Hospital.

I know that we are under an extreme amount of pressure. I understand that we have been under gridlock. This is why we’re making the investments that we’re making. This is why our minister was there last week to

ensure that we’re providing for future needs, that we’re ready to move forward on those commitments. We’re going to continue to do so. I’m going to continue to talk to our minister, our Premier and everybody else about what our needs are, because we cannot overlook that we are, once again, a growth community. We continue to rapidly grow. With the blink of an eye, every corner of Brampton has grown over the last 10 years, and it will continue to grow. You see lots of new development. There’s so much that Brampton has to offer, but there’s so much that Brampton needs.

I’m proud to be part of a government that, over the last three years, has invested in Brampton over and over again, whether it be infrastructure projects, our new Erinoak centre that will be opening soon, the Peel Memorial Integrated Centre for Health and Wellness or many other facilities. We’ve increased transit funding. We’ve increased GO train service. But most of all, we have spent some time focusing on our health care needs. These are the most essential needs to a lot of our citizens, to many of our citizens. Coming from a largely immigrant-based community, they come here for better health care and better education. This is what our government is there to provide: to provide fair and equitable access to these services for everybody in our communities.

We are proud of the work that we are doing. I look forward to continuing to work on these issues and better understanding the needs of our community and understanding the needs of our growth community. I know that we will continue to work with our health care sector partners to address their individual challenges and needs, and continue to make investments to expand capacity across the entire continuum of care.

I want to thank all members in this House today for being a part of this important debate, and I look forward to your comments on my motion.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Ms. Sylvia Jones:** I’m happy to speak on this motion from the member for Brampton–Springdale. No disrespect to the member, but there are some pretty weak—we would call them wiggle words, waffle words. We’re going to “continue to work with local health care planners”—great idea. And then: “including examining the potential for reducing emergency room wait times.” That’s a pretty low threshold. After all of the emails, after all of the news articles, after all of the horror stories of how long the wait times are at the Brampton Civic Hospital, I would have thought that we could do a little stronger than “including examining the potential for reducing emergency room wait times.”

As an MPP in the Peel region, I want to aim a little higher than that. I want to actually bring forward suggestions and talk about ideas that will decrease the wait times, that will actually make a difference to the people living in the region of Peel. Frankly, I believe that’s part of my responsibility as an opposition member serving Peel region.



This is why, last April, I asked the Minister of Health about a constituent whose daughter was in the hallway at Brampton Civic for five days. She was in the hallway for five days. Now, if I called my constituent and said, "Great news. I have a Liberal member who wants to pass a motion that includes 'examining the potential for reducing emergency room wait times,'" I'm pretty sure that I would have to hold the phone out to here, because a five-day hallway stay at Brampton Civic was not her idea of Ontario medicine.

Back in April, when I raised this issue with the minister, he talked about the Peel Memorial health and wellness centre and talked about how he wanted to reduce overcrowding. We're now in November, and—oh, yes, that's right—last week he finally came to Brampton, and he finally made an announcement: 36 beds. The issue has been going on for years. The examples, the letters and the question period questions have been going on for years, but miraculously, last week, the minister arrived in Brampton.

Now, we all know that when a minister, a Premier and an MPP come and make an announcement, it doesn't start immediately. That's actually the planning part. So now we're going to go back to the LHINs, and the LHINs are going to talk to the hospitals and the Ministry of Health and figure out how they can actually implement what he announced. We all know that this is not a quick fix, but to suggest that an announcement that happens in November six months before an election is going to solve the region of Peel's overcrowding issues is at best a stretch goal.

We know, because of an internal memo from a top hospital executive, that between April 2016 and April 2017, there were 4,352 hallway patients at Brampton Civic, and they are staying in the hallways for an average of two to three days. I know that numbers don't always mean anything to some people, but 4,352—those are people. Those are people who, when they went to their local hospital when they were medically in need, their option for care was in the hallway. We can do better than that.

1530

It seems that the crisis at Brampton Civic has suddenly come to the awareness of the Minister of Health—and bless him. I'm glad that it has. I wish it had happened in April of 2016, when the thousands—literally thousands—of patients were left in the hallway. But it's important to remember that Brampton Civic has a massive problem with hallway medicine, but Brampton is not the only example. I recently had a call from a constituent in my office who had a terrible experience with another hospital. Her mother waited in the emergency room for hours and hours while the staff tried to find a space for her—just a room. They were just looking for somewhere to put her.

I can share with you the comments from the CEO of the Headwaters hospital in Orangeville. The team at Headwaters and the Central West LHIN announced this week that they felt the need to go public in an attempt to

convince the Minister of Health to provide the hospital with the funding they need. To quote from CEO Stacey Daub, they "are working in collaboration with the local LHIN to make a pitch for a base adjustment with the Ministry of Health to address the gap between the funding we receive and what our community" needs.

Much like Brampton, Dufferin county is seeing an increase in their population. As I just mentioned in my previous debate, the town of Shelburne is the second-fastest growing community in Canada and the fastest-growing community in Ontario. According to the hospital, the government's funding model is inadequate for the growing population pressures faced by Dufferin and Caledon. According to the CEO, the region expects the seniors population to grow by 146% in the next 25 years.

In general, this adds to what we have been hearing for years, which is that the government's funding model for medium-size hospitals just isn't working. So while the Liberals have been accusing us on the opposition bench of fearmongering or exaggerating concerns, that's simply not the case. The numbers, frankly, tell a different story. Just talk to the constituents and you will find many stories of families who are struggling. Or you can talk to the LHIN members and hospital administrators and they will tell you that the necessary funding simply has not been there and, in fact, we know it has been frozen for many years for hospitals.

Take some of the issues I raised on behalf of my own constituents in the last year. I asked the Minister of Health about the unacceptable 60% increase in hospitalization and emergency room visits for children and youth due to mental health disorders. I asked the minister to ensure access to medicine for the brain-threatening metabolic disorder PKU.

I asked the Minister of Health about a constituent of mine who was presented with a two-year wait-list for back surgery. This constituent was in unbelievable pain. He was not a candidate for cortisone, and he was forced to wait for two years for this necessary surgery. My constituent's doctor told him that he would be willing to do more back surgeries, but the minister's funding model limited his time.

I asked the Minister of Health about the former CEO of the Central West CCAC's taxable benefits increasing from \$2,000 to a whopping \$20,000, while at the same time we know from the independent Auditor General that for every dollar spent on agencies such as CCACs, 39 cents goes to administration instead of front-line services. That's almost a billion dollars of the government's health care funding going towards administration as opposed to the front-line services Ontarians need.

So while it's great that the Liberals have finally realized there is a crisis at Brampton Civic, it's also time for them to understand that families across Ontario aren't getting the care they need. It's time to understand there are many areas where they are letting down the people of Ontario, from executive compensation to out-of-control wait times for long-term care and back surgeries. Simply put, we need to do better.



We all understand that Brampton and Peel's population continues to increase, nor does it take much effort to talk to residents of Peel to find out that their experience at Brampton Civic has been disappointing, to say the least. It is the key frustration for my constituents on this issue. We have known for years there are serious problems with overcrowding at Brampton Civic. Through 14 years the Liberal government has had the opportunity to address hallway medicine in Brampton, and yet they have failed.

As I said on Tuesday when I spoke on a similar health care debate, I think that the public is sick and tired of the promises, is sick and tired of the tinkering, is sick and tired of the attempts to appease us with minor announcements that "You're going to get something in the near future if you would only just vote for us one more time."

I think it speaks to the volume of the last number of health motions that we've had this week that there is a crisis in our health system. It speaks to the fact that we as opposition members have been hearing tragic and unacceptable stories of the health care system and long-term-care system, leaving people without the service they need when they need it.

In the end, I'll support your motion. I think it could have been stronger, but I'll support it. It's important that we recognize that you have had 14 years to advocate within your party, with the Minister of Health, to actually get something done. I would implore the government to go further, to look beyond their ridings and recognize that families across Ontario need the government to step up for them, stop making empty promises and ensure their loved ones get the care they need and deserve.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Miss Monique Taylor:** I'm pleased to have the opportunity to speak to this motion today, brought forward by the member for Brampton-Springdale.

There could be no doubt that there is a crisis in the Brampton Civic Hospital. We did, after all, just debate this two days ago, when our leader, the member from Hamilton Centre, brought forward an opposition day motion to address it—a motion, I should note, that was passed unanimously by this House. That motion called for immediate action to fix the crisis in Brampton. Brampton, of course, is not alone with this problem in Ontario; it's happening throughout the province.

A few weeks ago, I met with representatives from the RNAO who work at Juravinski Hospital.

Excuse me, Speaker; I have a cold, so it's just going to be one of those days.

That's just a few blocks down the road from my constituency office in Hamilton Mountain. They told me that every day at least one patient on their road—on their ward; see, it's going to be like that—was in the hallway, and that other wards within the hospital were exactly the same. The four or five flex beds that they have are always filled. I was told that throughout the hospital they are running well over 105% capacity at all times.

They are particularly concerned that we have the flu season, which hasn't hit yet, and they had no idea how they're going to be able to handle the influx that comes with the flu each and every year. This is a terrible situation for patients. It also has a negative impact on staff, with more people being off on stress leave. Overall, they described it as a dire situation.

These stories were backed up by an article that was in the Hamilton Spectator at the end of last month with the heading "Code Gridlock: Hospitals 'Bursting at the Seams' Heading into Flu Season." This article said overcrowding was a problem at all Hamilton hospitals, especially Juravinski, even worse than the hospital staff had suggested to me when I met them a couple of weeks back.

This year, there has only been one month when occupancy fell below 110%. In September, it was 116%. Remember, Speaker, as we've heard many times in this House, the optimal capacity is between 85% and 90%; 85% capacity is the level that is considered safe for our hospitals, and here they are, actually running at over 30% above that safe capacity.

The same month, Juravinski operated 44 beds that weren't funded by the Ministry of Health. The article quoted the Ontario Hospital Association, who called for a rapid and aggressive investment in hospital services to avoid a possible capacity crisis within Ontario's health care system this winter.

1540

That brings me back to Brampton and the subject of today's debate. Brampton Civic Hospital is most definitely in crisis, and that's the reason why our leader brought forward our opposition day motion on Tuesday. Some 4,352 patients were treated in hallways between April 2016 and April of this year. Sometimes they were there for almost 70 hours. For 65 days in the first four months of this year, the hospital was in code gridlock. It was built to accommodate 90,000 visits a year, but last year it had 138,000 visits.

The government will point to an increasing and aging population, but make no mistake: Brampton and the surrounding area have been growing significantly for years, and it's not exactly a surprise. Planners predicted significant growth in the general population in the area for years. The same is true for our aging population. The baby boom ended about 60 years ago. Of course those people were going to get old. What did the government think was going to happen—that we weren't going to have these people age right before our eyes and that we wouldn't have to be able to accommodate them? Of course there was going to be an increased demand on our hospitals, long-term-care homes and home care.

The government has known for years that investment would be necessary—and if they didn't know, they were asleep at the switch. But instead of planning, they chose to freeze funding for hospitals for four consecutive years. That in itself is absolutely unbelievable.

Speaker, Canadians take great pride in our public health care system, especially when we compare it to the



experience of our friends to the south. When Tommy Douglas got the ball rolling in Saskatchewan all those years ago, it was a hard-fought battle. It didn't happen overnight, and it was opposed by powerful players in the medicine and insurance industries. But he persevered. He stuck with his plan, and here we are, the beneficiaries of those efforts today. That's why he was voted the greatest Canadian to ever live. He gave us one of our defining characteristics as a nation. We cannot be complacent with that because we are seeing this government—and the Conservatives before them—rip it apart. That's why the motion called for exactly what the Ontario Hospital Association had called for: a rapid and aggressive investment.

As I said, our motion passed unanimously with all parties in this House supporting it. But today we have before us this motion, which we will be supporting, and when I read it I have to shake my head because—I'll quote the lines: "continue to work with local health care planners and hospital officials," "continue to work to improve the local patient experience." The repeated use of the word "continue" suggests to me more of the same. I hope I'm wrong, but it certainly doesn't feel that way. It certainly doesn't seem to have the same vibe of what we just passed as an entire House on Tuesday.

I thank the member for bringing it forward. I look forward to seeing what comes out of it and how best we can serve the people of Brampton.

**The Deputy Speaker (Ms. Soo Wong):** Further debate.

**Mr. Vic Dhillon:** I want to congratulate my colleague from Brampton–Springdale for bringing this motion to the floor of the House: that, in the opinion of this House, the Minister of Health and Long-Term Care should continue to work with local health care planners and hospital officials to ensure that Brampton receives proportional treatment that reflects the community's rapidly increasing population; and to continue to work to improve the local patient experience when it comes to hospital care, including examining the potential for reducing emergency room wait times and other resources to address acute care capacity challenges at the Brampton Civic Hospital.

Madam Speaker, in the last few weeks, the word "crisis" has often been used with respect to health care in Brampton. When I think about that word, I think back to 2003, when our government was elected. My predecessor, the MPP for, at that time, Brampton West–Mississauga, was the health minister, and I found it totally deplorable, the neglect that had gone on towards our health care system in Brampton.

Soon after I was elected, I had the opportunity to tour the hospital, along with my colleagues and then-Mayor Susan Fennell, and I can tell you, I have seen deplorable. The hospital's power systems, their boiler room, all the mechanical facilities in the basement of the hospital—it was nothing short of a disaster. I remember that during that tour there was water leaking from up above, from the

pipes. It could have had catastrophic impacts for the health care of Bramptonians.

So what happened? We assessed the situation and we decided to invest. In that investment we got a brand new, state-of-the-art facility in the Brampton Civic Hospital. At that time it was, and it is still, one of the top hospitals in the world.

I had the opportunity to meet with and to tour the Brampton Civic Hospital with the chief of staff of medicine, Naveed Mohammad, a couple of years ago. He took us on a detailed tour, and he described the emergency room visits as approximately 400 over a certain period of time. Out of that, I believe the number was 390-odd, 396, where the emergency room visitors were very satisfied with their care.

It's not perfect. There were some people, and often those are the people we hear from—that's where the challenge comes in for us, to appease them and to make sure they got the best level of care possible. Again, our health care system is not perfect, but I can tell you that it's pretty close to it, and I'm very proud of the services delivered at the William Osler Health System.

The stats are incredible. Brampton is one of the fastest-growing communities in Canada, and with that we're going to have opportunities and we're going to have challenges. It's our job as elected leaders to address some of those challenges. The numbers are incredible: the number of people who are treated in Brampton hospital, the number of babies that are born—over 7,000, which is incredible. We have friends, family and, most importantly, our constituents who regularly give us feedback about the level of care they got, and for the most part the feedback is very, very positive. Again, wherever challenges come up—and there will always be challenges—it's our job to step up and to address them.

That's why I was very happy that just last week the Minister of Health visited Brampton and the new Peel Memorial site. He committed 37 new beds, which is incredible—37 new beds which will be delivered very soon, we're told before Christmas. More importantly, he also approved the development of phase 2 of the hospital, which is very needed.

We're doing our best, Mr. Speaker. Oftentimes politics gets in the way. I don't think that's the best way to address the challenges we face that come up from time to time in various sectors—in education, in health care, in the environment. I don't think there's anything that two people cannot resolve while sitting at the table. Rather than making political hay out of it, try to come up with a solution. Then, and only then, if there is no solution that is satisfactory, then maybe take it public or seek your citizens' input.

**1550**

I want to personally congratulate Dr. Brendan Carr, who, after a long search, has been appointed the CEO of the William Osler Health System. I have had the opportunity to meet him and I want to wish him the best. He comes to us with a great amount of experience and we have great hope for him. I want to thank his staff, his



office. Oftentimes, they are our first contact in terms of trying to resolve the issues that do come to our offices or to us personally.

I just want to address the emergency room wait time situation. I find too many people are going to the emergency room that do not need to go. We can't put an exact number on it, but I think it's incumbent upon us as elected officials, from whatever level, to communicate with people to go to the emergency—if you have a life-threatening situation, use the emergency. But in the back of our minds think: “Can the health care service that you need be addressed at your family doctor or any of the other facilities available?”

With that, Madam Speaker, I want to once again thank and congratulate my colleague from Brampton—Springdale. I look forward to comments from my fellow members.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Mr. Gilles Bisson:** I just have to say that I can well understand why the member brings this motion forward. We're all local members and we try to do the best that we can to represent our constituents, but I think she also has to accept some of the responsibility. We're in this mess, quite frankly, because the government froze hospital budgets for a number of years. Almost every hospital in Ontario is facing the same situation.

In my riding, Timmins and District Hospital, Smooth Rock Falls Hospital, Sensenbrenner Hospital, Notre Dame, Weeneebayko—all the hospitals that are in my riding face a similar situation. When you freeze budgets as long as you have, it means to say that hydro costs go up, supply costs go up, food goes up, and the people are getting older and sicker. We're getting better at taking care of them, but the cost goes up every year. As a result, they're having to reduce services. As in your hospital, Timmins and District Hospital and others have had to reduce the amount of beds and programs offered to the public when it comes to doing the work that they're supposed to be doing.

I can understand why the member brought this forward. She is trying to be seen as being helpful and I get that. If I was in the government—I understand why she would do that. But I think we also have to be candid as to why we're here. We're here because the government thought for a long time it could do this and it would be okay, that it would not be a big issue and things would sort of smooth themselves over. What we're finding is that they're not smoothing themselves over. We have an aging population. We have a better medical system in the sense that we know better how to treat diseases and illnesses. It's more expensive. People are living longer and, just generally, more people are accessing the services.

We see now, as was pointed out by our leader, Andrea Horwath, today at question period, this whole flu pandemic that's coming on to us now has got a potential to really throw a wrench into an already bad situation in

Ontario, where people at Brampton Civic Hospital and others—in Timmins and District Hospital or the Windsor hospital, wherever it is—are going to be going into hospitals that are already overcrowded, that don't have hospital beds, where they're being treated in hallways, being treated in shower rooms or wherever it might be as far as where you're able to keep a patient. Imagine, as the flu pandemic moves forward, we could be really in a bad spot, with a bad situation getting a lot worse.

So I just say to the member across the way and to my friends on the government side, you reap what you sow, and, unfortunately, this is not something that has happened in isolation. This is something that, quite frankly, has developed as a result of the policies of this government essentially freezing those budgets for a period of time.

I also note, from the question today by our leader, Andrea Horwath, that the number of people in Australia that have been affected by the flu pandemic is through the roof. We know by experience, when we see the flu pandemic in southern hemisphere countries such as Australia, which has a very superior health system like ours, a very robust public system—when they start to see those types of numbers increase, can you imagine what it means for us in the northern hemisphere in places like Canada and others? We know we're going to have a lot of people who are going to be hitting our hospitals.

What is really needed is to have a system, as has been proposed by Andrea Horwath and New Democrats, that each and every year, hospitals at least get the cost of living so that they are able to deal with the actual inflationary costs of running their hospitals, and also have an adjuster in a formula style that recognizes that you have more patients, or maybe you have less patients because you are in a more remote area and it's more expensive to run your health care—for example, like Weeneebayko Hospital up in places like Fort Albany and Attawapiskat and Moose Factory—so we can recognize that not every hospital is the same, that it's not strictly just increasing to the cost of living but by how many patients we serve and what kind of work we do. If we had done that, we wouldn't have been in this position that we are now.

I just say to the government, I understand this motion and will be voting for it, but we are here, quite frankly, because the government set this condition up.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Mr. John Fraser:** It's a pleasure to speak to the member's motion, and I want to congratulate her for bringing the motion forward. I know we debated another motion earlier this week. We have spoken about the investments in Brampton and indeed across the province. I know that the members opposite are talking about concerns over a flu pandemic and hospital beds, but we announced 1,200 hospital beds about two weeks ago and then additional beds to what I would describe as improve patient flow throughout the system. One of our challenges is that



people get the most appropriate care from the right person in the right place.

There was something that struck me in debate, and it's not really particularly germane to this motion, but I think it's germane to all of us in this Legislature who all advocate on behalf of our communities. The opposition can do it in the way of questions, and it's effective, and we do it in a different way here, but all of us are not satisfied with where health care is at in our community, nor should we be. We have to continue to push that and move that forward.

I do certainly think we should pay homage to Tommy Douglas; I agree with the member opposite. But we do need to remember that Tommy Douglas started something great but it was also carried by members of the national government, the House of Commons, Legislative Assemblies, where there was very fierce debate inside all caucuses. We know that.

We have to keep in mind that we have that responsibility as well and that we know that we have, from time to time, differences of opinion here. I don't want to go back into what I said this morning, but we can say, "Well, you guys should have been investing in this." I can say, "Why did you cut med school spaces? Why did you close 29 hospitals?" We're all trying to make the best decisions for scarce resources and to accept the criticism that comes across, and that's what should happen. But let's make sure that that criticism is based on a debate about fact and not an assignment of motive. I hate to keep repeating that, but it's one thing that really concerns me when we have these debates.

I know that all members—and I've seen them. They come across the floor and they speak to the minister, and the minister receives them. Many problems are resolved or fixed not through the process of debate here or questions, but by all of us working together.

I'm pleased that the member brought this motion forward. I was pleased that we debated this motion earlier in the week. I think it underlines the fact that a top priority for the people whom we represent is the care that they receive. It's, to each of us, critical as members that we represent the interests of our community while keeping in mind the needs of the whole province.

1600

One of the things that I like to go back to as well: In 2008-09, there was an economic crisis. We had a decision to make, which was this: Either we can cut services or we can borrow money. The decision was made to borrow money and not to cut services, but the capacity to continue to borrow money is limited. I think when we got into this debate the members on the opposition didn't want us to borrow money, but they certainly want to advocate for the health care that's needed, which is about 46% of the provincial budget. Then sometimes the members opposite, right across from me—I wonder if there's a realization of how limited those resources are because of the fact that we're taking on debt. How do we balance all these things out to make sure that people get the right care in the right place at the right time? Well, we have to do what we can to be efficient and effective at

doing that. We all make decisions that we think are in the best interest of our constituents; I really do believe that. We all have to continue to debate and continue to advocate for the people we serve.

I again want to thank the member for bringing it forward. I will be supporting the motion.

**The Deputy Speaker (Ms. Soo Wong):** I'll return to the member from Brampton-Springdale to wrap up.

**Ms. Harinder Malhi:** First, I want to take an opportunity to thank everybody who spoke to the bill today: the members from Dufferin-Caledon, Hamilton Mountain, Timmins-James Bay, Ottawa South, and Brampton West.

I did take an opportunity to listen to what everybody was saying, and I do want to acknowledge once again that continuing, to me, means that we need to do more work. We understand that we need to do more work. We have been putting investments into Brampton. We did have an opportunity to open that second site for the Peel health centre for wellness. It was to alleviate some of the pressures. The urgent care was supposed to help Brampton Civic, but we need to do more. We need to see that medium-sized hospital come up; we need to work on the second phase of Peel Memorial. This is what we need to continue to advocate for, and we will.

I acknowledge that we do have growth pressures. We do have population pressures. We're trying to deal with those population pressures to the best of our ability, where we're going to continue to make those investments. I hope that my motion will help shed more light on what is happening in Brampton because, as my colleague from Brampton West said, there are a number of people who walked out of the hospital with great experiences. Brampton Civic is truly a place of miracles. Great things happen there as well. It's unfortunate that we always shed light on the bad news stories but nobody recognizes the hard work that's going into that hospital, the health care practitioners day in, day out there.

I have had a number of opportunities to be there, not only for visits but also when I did a drive-along with the Peel police. I had an opportunity to go in there with the police force to see what kind of work they're doing, the people they're taking in on emergency calls, and how quickly they're being dealt with as well.

All of our resources to be able to be used to the best of our ability need to work together, and that's what we're doing in Peel. I think that when we look at the population growth, it is a reality, not only in health—

**The Deputy Speaker (Ms. Soo Wong):** Thank you. The time provided for private members' public business has expired.

#### LONG-TERM CARE

**The Deputy Speaker (Ms. Soo Wong):** We will deal first with ballot item number 10 standing in the name of Mr. Wilson.

Mr. Wilson has moved private member's notice of motion number 67. Is it the pleasure of the House that the motion carry? I hear "carried."

*Motion agreed to.*



**The Deputy Speaker (Ms. Soo Wong):** Congratulations.

MANDATORY SEXUAL ASSAULT LAW  
TRAINING FOR JUDICIAL  
OFFICERS ACT, 2017

LOI DE 2017 SUR LA FORMATION  
OBLIGATOIRE DES FONCTIONNAIRES  
JUDICIAIRES EN DROIT RELATIF  
AUX AGRESSIONS SEXUELLES

**The Deputy Speaker (Ms. Soo Wong):** Ms. Scott has moved second reading of Bill 120, An Act to amend the Courts of Justice Act and the Justices of the Peace Act. Is it the pleasure of the House that the motion carry? I hear "carried."

*Second reading agreed to.*

**The Deputy Speaker (Ms. Soo Wong):** I'm going to turn to the member for which particular committee.

**Ms. Laurie Scott:** Justice, please.

**The Deputy Speaker (Ms. Soo Wong):** Agree? I hear "agreed." Congratulations.

HOSPITAL SERVICES

**The Deputy Speaker (Ms. Soo Wong):** Ms. Malhi has moved private member's notice of motion number 70. Is it the pleasure of the House that the motion carry? I hear "carried."

*Motion agreed to.*

**The Deputy Speaker (Ms. Soo Wong):** Congratulations.

TOBIAS ENVERGA JR.

**Mr. Raymond Sung Joon Cho:** Point of order.

**The Deputy Speaker (Ms. Soo Wong):** I hear a point of order. I recognize the member from Scarborough—Rouge River.

**Mr. Raymond Sung Joon Cho:** I'm rising on a point of order to seek a moment of silence on the passing of a senator, Tobias Enverga Jr.

**The Deputy Speaker (Ms. Soo Wong):** Agree? Agreed.

Okay. I'm going to turn to the member for Scarborough—Rouge River.

**Mr. Raymond Sung Joon Cho:** I'm rising on a point of order to seek a moment of silence on the passing of Senator Tobias Enverga Jr., who passed away last night from an apparent heart failure in Colombia. Mr. Enverga was a champion for the Filipino community. He was a great Canadian.

Last Friday, I was with the Ontario senator at an event in my riding. Mr. Enverga asked me to do my utmost to pass the motion to declare June as Filipino Heritage Month in Ontario.

I seek a moment of silence for this Legislature to remember a great—

**The Deputy Speaker (Ms. Soo Wong):** Excuse me. I believe the member is asking for unanimous consent for a moment of silence. Is it agreed? Agreed.

I'm going to ask everybody to stand for a moment of silence.

*The House observed a moment's silence.*

**The Deputy Speaker (Ms. Soo Wong):** Please be seated.

I'm going to return to orders of the day.

ORDERS OF THE DAY

CANNABIS, SMOKE-FREE ONTARIO  
AND ROAD SAFETY STATUTE LAW  
AMENDMENT ACT, 2017

LOI DE 2017 MODIFIANT DES LOIS  
EN CE QUI CONCERNE LE CANNABIS,  
L'ONTARIO SANS FUMÉE  
ET LA SÉCURITÉ ROUTIÈRE

Resuming the debate adjourned on November 15, 2017, on the motion for second reading of the following bill:

Bill 174, An Act to enact the Cannabis Act, 2017, the Ontario Cannabis Retail Corporation Act, 2017 and the Smoke-Free Ontario Act, 2017, to repeal two Acts and to make amendments to the Highway Traffic Act respecting alcohol, drugs and other matters / Projet de loi 174, Loi édictant la Loi de 2017 sur le cannabis, la Loi de 2017 sur la Société ontarienne de vente du cannabis et la Loi de 2017 favorisant un Ontario sans fumée, abrogeant deux lois et modifiant le Code de la route en ce qui concerne l'alcool, les drogues et d'autres questions.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Mr. Randy Hillier:** It's a pleasure to resume debate on Bill 174. I'll start off where I left off during yesterday's debate. The thrust of my debate on Bill 174 is this: This government has been insincere and really acting in a manner—

**The Deputy Speaker (Ms. Soo Wong):** The member needs to withdraw.

**Mr. Randy Hillier:** I'll withdraw.

This government is not acting in a manner that is consistent with parliamentary procedures and conventions. As I said yesterday, it didn't surprise anybody here that the start of debate on Bill 174 followed a time allocation motion on Bill 148 by this government. Just for people's understanding so we can put this in context, this government has limited debate to 30 minutes at third reading for Bill 148, a very substantial bill. It's the minimum wage bill, with a host of other labour amendments—thirty minutes of debate on one of the most important bills that has been brought forward in this House.

Bill 174 follows on that repugnant behaviour in that this government has added very, very different subject



matters into a singular bill and is demanding that this House cast one ballot and have one debate on topics as diverse as school bus safety—school bus safety and automated cameras on school buses are in with a cannabis bill.

The bill ostensibly is to create a monopoly retail corporation for cannabis. We can debate that on its merits, but should we have school bus safety wrapped up in a bill about cannabis distribution? Should we have tobacco harm reduction wrapped up in a bill about cannabis retailing? The answer is clear. This is sneaky at best.

1610

I find it offensive that this government would jeopardize public policy in such a way for partisan political reasons. As I said yesterday, in good Legislatures—and we have many examples of this around the country. New Brunswick has brought in three separate pieces of legislation to deal with the cannabis retail distribution model in New Brunswick. They even included a separate bill to facilitate and permit an educational and awareness package along with cannabis retailing. Bill 174, although it incorporates school bus safety and many other things, doesn't have any educational or awareness commitments included in it by this government.

Speaker, one of the things that I find the most egregious about this bill is that as the federal government legitimizes and legalizes the recreational use of cannabis in this country—and not speaking on behalf of my party but speaking on behalf of myself, I think that's a good step forward in legalizing recreational consumption. However, that is not part of this debate. That is being held and debated in the federal House of Commons, but as they're doing that, this government is restricting, prohibiting and denying use and access to people who want to quit smoking tobacco. I find this incredulous that this government, at the same time that the country is permitting recreational use of cannabis, is attacking those residents who want to quit smoking. Speaker, that is about vape products. That's in schedule 3.

Before I go any further, I should say that this week I tabled a motion on behalf of the PC Party to split this bill up, to split schedule 3 out of the bill, to split schedule 4 out of the bill, and have separate debates and separate votes. On Tuesday of this week, we introduced a motion: "That, in the opinion of this House, the government should separate Bill 174, Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017 and reintroduce the legislation as three distinct pieces of legislation...." Speaker, that is the thoughtful and proper way that this bill ought to be debated.

I've been receiving hundreds and hundreds of letters from people around the province, and from my constituents, who are astonished and feel that this government is attacking them personally. Let me read you some of Misty Schofield's letter, because she does use a vaporizer. She says, "I smoked my very first cigarette in Barrie, Ontario, outside the Prince of Wales Public School at 10 years of age. Everyone in my family smoked and most of my friends did as well. It was common. By the time I was 13, I was smoking daily....

"By the time I was an adult living on my own I smoked about a pack a day. I did a smoking cessation study at Foothills Hospital after moving to Calgary.... The ... study was for Wellbutrin. I successfully quit for five weeks but the nightmares from the Wellbutrin were too much. The cravings were overwhelming and once I stopped the Wellbutrin I took up smoking again.

"I had my first child in 2005. I promised myself that I would quit. I couldn't do it. The gum was disgusting and the inhaler was menthol which I detested. Cold turkey ... made me sick. I smoked for my entire pregnancy, against the advice of my doctor, but I could not quit.

"In 2007 I had my second child. My water broke at 23 weeks and I was flown by helicopter from Collingwood to Mount Sinai ... with a ruptured placenta. My son was born at 28 weeks weighing just 900 grams.... I smoked the entire time. On June 14 three days after giving birth to my son by emergency C-section I was hospitalized with my first pulmonary embolism. I was 23 years old and I still could not stop smoking."

She goes on. She attempted to quit again, using the patch and seeing CAMH. By 2009, she was up to two packs—50 cigarettes—each day. "The patch levels proved too much for me. My skin was raw and irritated from the adhesive." She was miserable, she was angry and she gave up quitting.

For the next seven years, Misty says she smoked two packs a day and never tried to quit again.

"In the spring of 2014 I was introduced to vaping.... I watched my friends quit smoking one by one. It seemed easy, they quit without the cravings or mood swings but I still kept on smoking. I couldn't justify spending the money knowing I had tried" so often "in the past and just wasn't able to kick the addiction.

"On August 22, 2014, I was given a vape.... That night at 7 p.m. I had my last cigarette. I carried that last pack of cigarettes "in my purse for months, just in case. About three months into vaping I threw out that pack." She hasn't had another one. She started vaping at 24 milligrams of nicotine and she keeps dropping and dropping.

"In April 2015, I was diagnosed with cancer.... a cancer diagnosis at 31 years of age is terrifying. Instead of smoking though, I again began using my vape at three milligrams.... On May 21, 2015, I underwent open heart surgery to remove a malignant softball-sized tumour from in front of my heart. As scared and stressed out as I was, I never picked up a cigarette. Not once. That may not seem significant to you, but for a person who relied on smoking as a crutch for over 17 years of her life, it was incredible.

"The biggest reason that I was so successful was because I had so much support from the vaping community. I was able to speak to the employees at my local vape shop at length. They were able to show me devices that suited my needs and they allowed me to find e-juice that I really liked by taste-testing the e-juice. They were also able to offer advice from themselves and others.

"This was essential to my success. It is so easy to excuse our smoking addiction and so easy to return to it.



But any time I had issues or questions my local vape shop was able to help me. Bill 174 will eliminate this help. Bill 174 will send those trying to quit outside with the smokers. And if you've never smoked let me tell you, putting a person who is trying to quit smoking beside someone who is smoking, is the ... equivalent of making alcoholics have their AA meetings in a bar" at 5 o'clock.

"I have officially been in remission from cancer for two years and my oncologist tells me that my quitting smoking improves my chances of not developing a secondary cancer....

"I am proof that vaping works to quit smoking.... Vaping truly did save my life."

It's a powerful story from Misty. It's a true story. It's one that we should understand and hear. Why isn't this government trying to do everything to help other Misty Schofields? Under Bill 174, the handling of vapes, the demonstration of vapes, the trying out of flavours of vapes are all restricted, prohibited, against the law.

Speaker, legalizing cannabis use ought not to be a nail in smokers' coffins in this province. As we legalize recreational cannabis, why do we want to stop more Misty Schofields from finding a way to kick their addiction to tobacco? I find it absolutely astonishing that this government would do such things.

1620

Again, I have hundreds of these, but I just want to speak to this one from Jennifer Warr as well:

"I am a mother and I have never smoked. You can imagine how worried and heartbroken I was when my young son took up smoking cigarettes. It didn't take long before he was addicted and smoking two-plus packs a day. He tried every possible remedy to quit ... gum, patches, even Champix, which had terrible side effects. All to no avail.

"Then he and his wife discovered vaping.

"They have both quit and have been tobacco-free for five years or more. They have two children and I am thrilled that cigarettes are no longer a part of their home."

Why should one person—why should we have to vote in favour of—I'm going to ask this: Why is there a vote? What is in Bill 174? Why is Bill 174 hurting people in Ontario? Well, it is to create a retail model for cannabis distribution.

How does Bill 174 impact Jennifer and Misty? As I said, it makes the use, access, understanding and having knowledge about an effective tobacco harm reduction mechanism unlawful. Speaker, I find that incredible.

You could also say that there's another element in Bill 174 which is a real contradiction: Under Bill 174, we have moved to a new provision that makes it unlawful to have any detectible presence of alcohol in your system if you drive a pickup truck or anything larger.

**Mr. Taras Natyshak:** Transport truck.

**Mr. Randy Hillier:** No, no, it's a pickup truck. If you are driving a pickup truck, you are not allowed to have any detectible presence of alcohol. If you do, you are subject to a three-day roadside suspension.

**Mr. Taras Natyshak:** Commercial vehicle.

**Mr. Randy Hillier:** A commercial vehicle is a pickup truck, if you want to read the definition.

**Mr. Taras Natyshak:** It can be a pickup truck, but—

**Mr. Randy Hillier:** No. Anyway, we'll get into that debate after. I'm speaking a fact—a pickup truck.

Now, what does that have to do with selling recreational cannabis? It has nothing to do—nothing. There are a whole bunch of various components to this bill that are unrelated to the selling or distribution of cannabis for recreational purposes. They ought not to be included in the same bill.

Speaker, I said yesterday that it was offensive and I said today that it was offensive that these very disparate subjects are wrapped up in one bill. When I read through these letters, it's not just offensive. When I see these letters and what this government is doing with Bill 174 as they jeopardize the health and lives of so many people who want to quit smoking, I think, indeed, it's criminal to do that. People's lives and health and safety ought not to be left to the whim of a government that is introducing legislation for partisan purposes and not for the best interests of the people of Ontario.

**The Acting Speaker (Miss Monique Taylor):** Questions and comments?

**Mr. Taras Natyshak:** Madam Speaker, it is such a delight to see you in the chair. I am very honoured to add a few comments prior to my lead, which will happen very soon.

I listened yesterday to the member and today. You know, he focused on a part of the bill that is important to him and important to a part of his constituency, and it's one that I think we have to give some regard to. Certainly, people are going to be looking for their opportunities to partake in the consumption of cannabis in a form that suits their needs and their preferences. I'll tell you, Speaker, for the benefit of the members of the House, that every jurisdiction across the province right now is struggling with the same questions. What are the prescriptions built into this bill and what are the effects on its usage and effects in our communities?

When it comes to the issue of vaping, the treatment of vaping and the use of vaporizers falls in line with the Smoke-Free Ontario Act. It is treated similar to cigarettes. There are some areas in here where they start to get into the different tastes and different types of vape juice, as it were. That's something that I think we have to take a look at, because at what point does the government say, "When we get into telling people what flavour of juice they can put in their vaporizer, is that going too far"? These are discussions that have to be made.

This bill is enormous. It is incredibly complex. For the last hour, we heard the member focus on one aspect. There's a whole lot more in this bill to be digested, and I hope we give it due consideration.

**The Acting Speaker (Miss Monique Taylor):** The member from Scarborough Southwest.

**Mr. Lorenzo Berardinetti:** Thank you, Madam Speaker. It's a pleasure to see you in the chair today.



I listened to the comments from the member from Lanark–Frontenac–Lennox and Addington. Sorry about that. People have a problem with “Berardinetti,” so I guess we’re even there.

In the 90 seconds I have remaining: The member did touch on the part of the bill to do with vaping. The previous speaker addressed those concerns.

We have to act on the legalization of recreational marijuana, or cannabis. The federal government has passed a law saying that it will be legal to smoke marijuana by July of 2018, so the provinces have to enact legislation on its distribution and pricing and other factors as well. Two things we’re doing safety-wise, protecting our youth: It will not be sold to anyone under 19 years old. Second, we’ve consulted with the public, police, public health experts, municipalities and indigenous communities, and we’re earning from other jurisdictions by speaking to jurisdictions such as Colorado, which has already legalized marijuana. We will continue to consult with other stakeholders.

This will go to committee, where we will hear from the public as much as possible. I like an open committee approach, where we hear from as many people as possible for as many days as possible, and then come back here, make the changes in clause-by-clause and then come to debate it for third reading. But we have a deadline. We have to do this by July of next year.

One last thing I wanted to say: The former chief of police for Toronto is supportive of this. He wants it legalized, and he’s the key point person for—

**The Acting Speaker (Miss Monique Taylor):** Thank you. Questions and comments? The member for Sarnia–Lambton.

**Mr. Robert Bailey:** Thank you, Madam Speaker. It’s good to see you in the chair.

I’d like to make a few comments on the member from Lanark–Frontenac–Lennox and Addington. I think he covered a lot of good points there. I’ve got a big concern with this bill entirely. I think the federal government set an example as early as last week, where they had an omnibus bill. I know they changed the standing orders. Governments can do anything they want, and I think this is something we should have looked at in this Legislature so we could split a bill like this, where there are so many disparate issues, and be able to vote on those different issues, because you might find more support for some parts than others.

To lump everything in one bill like this bill—I don’t follow the logic that, just because the federal government made a mistake, we have to make a mistake in this province. They’re the ones that set this agenda for July 1. Well, maybe they’re wrong. Maybe they’re wrong on July 1.

Also, if people want to quit the demons of tobacco—I was a smoker years ago. I quit in 1980—over 40 years ago now, I guess. It was difficult at that time. I had never even heard of vaping until about a year or two ago, but it probably would have been something I would have looked at. I didn’t try Nicorette or all those products. I

know a number of other people—friends of mine, and family—who have tried to quit. I don’t know whether they’re putting something stronger in there today that makes it more difficult to quit smoking, but it is there. So if people can get relief and can quit the scourge of tobacco—I pretty near said “alcohol;” I won’t go there yet—by vaping, I don’t know why we’re making it more difficult for them.

There are a number of other issues: mainly, putting these five or more issues—school bus safety. I don’t know why that’s in a cannabis bill. I don’t understand it. The government—we could have sat some evenings if they’re worried about this agenda of theirs that they want to get through. We could have sat evenings; we could have done a number of things to get this bill through.

1630

**The Acting Speaker (Miss Monique Taylor):** Questions and comments?

**Ms. Sylvia Jones:** Isn’t it intriguing that, here we are, the leadoff speech of the official opposition, and we have yet to hear from any member of the Liberal government side? How intriguing that on a leadoff, we’re not hearing a peep from the government on this legislation.

**Interjection:** Stand by.

**Ms. Sylvia Jones:** Well, frankly, don’t tell me to stand by. You had three opportunities to do two-minute questions and comments on our lead, and you chose to ignore it.

**Hon. Laura Albanese:** We just did one.

**Ms. Sylvia Jones:** You didn’t do it when you had the rotation.

**The Deputy Speaker (Ms. Soo Wong):** Order.

**Ms. Sylvia Jones:** So on the speech from our critic, I would like to reinforce the request that was made about splitting the bill. We have, essentially, an omnibus bill that is purportedly about one issue, cannabis, and yet now we have school bus blow-bys; we have MTO issues. Why do we need to throw all of these things together in the mix when clearly there is enough meat and debate and details on strictly the cannabis side of the legislation? It is beyond me to appreciate why you found it necessary to throw in all these additional items in a bill that you are advertising and promoting as dealing with cannabis legalization in the province of Ontario. I don’t get it, and you might want to use one of your two-minute opportunities to explain it.

**The Deputy Speaker (Ms. Soo Wong):** I return to the member from Lanark–Frontenac–Lennox and Addington to wrap up.

**Mr. Randy Hillier:** I just want to address the member from Scarborough Southwest’s comments first. Yes, there is a timeline on cannabis, all the more justification and all the more reason to split out schedule 3 and schedule 4. There is no timeline requirement on school bus cameras. There is no timeline requirement on restricting tobacco harm reduction. So I take the member’s point. They ought to split it out and meet their timelines, and then we can have a debate on the cannabis component. In my hour leadoff, I hardly had enough time to get



into the actual cannabis portion of the bill because there is so much in schedule 3 and schedule 4.

I just want to address the member from Essex as well. I had a technical briefing with the Ministry of Transportation over that very comment that I stated. Pick-up trucks are commercial vehicles, regardless of whether its use is commercial or not. Anything built on a truck platform is a commercial vehicle and that's why it has a different plate than a passenger vehicle. But Speaker, I'm not going to get into a lengthy debate. I'll allow the member from Essex to do his own investigation into that.

I'm going to take one more step back here: Split the bill. Do not harm the people of Ontario. Do not subject those people who want to reduce the harm from their addiction to tobacco. Do not lump them in with bringing forward a framework for a monopoly retail organization for cannabis. Do the right thing: Split it up. Don't be so injurious to the people of Ontario for your personal provincial partisan games.

**The Deputy Speaker (Ms. Soo Wong):** Further debate?

**Mr. Taras Natyshak:** It is a pleasure to rise today on behalf of my riding of Essex and on behalf of our party, the New Democratic Party. I must say that I could never imagine that years ago, when I was a teenager, if someone would have told me that, years from then, I'd be standing in the Ontario Legislature as an elected official debating the legalization of cannabis in the province of Ontario—it is a shock to me to be here today to discuss this bill.

Nevertheless, I'm happy and, if I might admit, a little bit excited to do this, because this is uncharted territory. It's not often that we get to debate a bill that is really novel and unique in this House. This is something where I think there's a tremendous opportunity for us to work towards getting it right, and also doing our work in terms of supporting those stakeholders out there who are coming to us with their ideas and coming to us with best practices.

I've read the bill. I've consulted with lots of folks already back home in the riding. I want to give a shout-out and a tremendous amount of thanks to our researcher here with the Ontario NDP, John Bowker, who's been working with me to digest the contents of the bill, analyze it and figure out how this is going to affect our communities.

It's very complex. This is not just simply that all of a sudden cannabis is legal in Ontario and a big party ensues. That is not what I think will happen. We're talking about the government playing a massive role in setting up a brand new market, a market that has some enormous challenges, in that it will, on day one, already be competing with an existing market that is illicit at this moment and will be illegal at that very time. There are complexities with the federal legislation that intersect with this legislation—federal legislation that isn't completely and fully nuanced and worked out yet and that hasn't actually passed. So we have a huge responsibility here to analyze and put a lot of thought into what this bill actually is.

The bill before us today is Bill 174, the Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017. What it does, as a technical description, is that it regulates the sale and distribution of cannabis towards the purpose of protecting health and safety, including the protection of youth; it provides for enforcement and penalties, including alternative consequences for youth, education and prevention programs; and it establishes a retail framework for recreational cannabis sales, creating the Ontario Cannabis Retail Corp, or the OCRC. You'll hear me refer to that entity often. The OCRC will be Ontario's sole authorized seller. It regulates the consumption of medical cannabis and the marketing and consumption of tobacco products and vapour products under a re-enacted Smoke-Free Ontario Act. It enacts various road safety measures, including zero tolerance for drugged driving provisions for young, novice and commercial vehicle drivers. I will circle back, hopefully, to all of those points.

I'll begin with the point that, despite the complexities of the bill, and despite the fact that it's quite, quite large, it's still vague in a lot of its prescriptions. There are still a lot of unknowns. We don't know, again, how it connects with some of the federal aspects in terms of licensed producers, specifically, in the marketplace. Now we will have this OCRC, which will be the sole agent as a retailer of cannabis in the province. We don't know how that relationship will work with licensed producers in the province.

We don't know the business case model the government has used at this point to even justify the numbers of OCRC stand-alone facilities in the province. This is one of the questions I've asked and that I asked during the technical briefing. You would imagine, Speaker, that if you were to set up a business, any kind of business, in the province, you would do somewhat of a business case analysis. You would know what your market is. You would know where your supply is and your supply chains, and you'd do a ton of different projections. I can't get that from this government—at least, I couldn't get those numbers from the technical briefing, which, I believe, was one of the largest briefings, in terms of staff on the government side, that I have ever been part of. They had a whole host of lawyers and legal minds and policy analysts, but this simple question I couldn't get answered: What's the business case model? What's the volume of cannabis that you believe is going to warrant your initial 40 stores and then your projected up to 150 cannabis retail stores, the Ontario Cannabis Retail Corp. I couldn't get those answers.

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What they did point me to are some anecdotal numbers around usage. Now, usage doesn't technically connect to potential buyers and a customer base. All it's telling you is who currently might be a user of cannabis in its various forms, either medicinal or recreational. Those numbers are coming out of Colorado as sort of the baseload of data that we can pull from because they are the most mature jurisdiction in terms of having gone



through the process of legalizing and marketing their cannabis in that state.

What we do know, Speaker, from a report commissioned by Deloitte, is that the potential in the province of Ontario in terms of market is upwards of \$22.6 billion—\$22.6 billion total in market size potential. That encapsulates not only the medicinal side but the recreational side—all of the various subsets of cannabis. We're talking about penetration into the veterinarian side, into the animal welfare side. I mean, you're talking about beauty products—a whole host of things that build up this whole new marketplace that we'll have to come to terms with.

My question around the construction of this new entity is, are you ready? Are you setting us up for failure to begin with? Are you going to be ready to provide the services and the products that the market is demanding? At this point, we saw Quebec and Alberta just release their plans today. I can tell you that there's some similarity throughout the provinces, in that they are using a government entity to be the distributor and regulator of cannabis, but on the market side, there is not really any consensus. Alberta is not sure at this point whether it's going to do a public model for its distribution network. Manitoba has signalled that it will be open to private entities delivering and distributing cannabis through whatever retail chain that ends up being.

The question simply is, Speaker, where are those numbers? How much can we anticipate making? Are we ready for that? Are we setting it up for failure to begin with? My hope is that somewhere during the debate the government can answer this question, because it is integral to this system working. If the goal of legalizing cannabis consumption on a recreational basis is to eliminate its use from the illicit underground market and economy, then we've got to make sure that this market that we're going to set up is adequate. And I've seen nothing from the government; it's a guessing game at this point.

In terms of production, we know—again, through the Deloitte study—that we will need, potentially, 250,000 kilograms of cannabis production a year to keep up with demand across the country. At this very moment, we have about 4% of that being made in the province through licensed producers.

There's a whole host of people who are in the queue to become licensed producers. That happens at the federal level. They are the regulator when it comes to who can grow the stuff and where they can grow it. But at this very moment, there's a backlog in terms of supply. We've got the July 1 deadline zooming towards us without adequate supply. Again, Speaker, I have not heard or seen any impetus on the part of the provincial government to make any headway or to prepare ourselves for this market that's happening and to capitalize on it.

Speaker, I have come to the conclusion that, despite the complexities of the marketplace that may or may not happen in this province, the bill does give some leeway for the government to have a hybrid system, a dual

public-private system, similar to what we have under our current LCBO regime, where you'll have LCBO outlets in certain areas and also agency stores in rural and remote areas. The government has given themselves leeway to be able to do that. They don't tell us when or how or what the decision-making process is on who gets those agency stores and what the criteria are, nor do they tell us what the criteria are on the OCRC stores. This is really important, because essentially what the government has done is that they've left out the municipalities in the decision-making process. It's arbitrarily up to the government to decide who gets a store and where it goes, without really providing any rationale as to why it goes there or why it may not go there. There are some municipalities in some regions that I think would want them. There are some that won't. But that's another huge question.

How big will these stores be? What's the size? Are they going to be massive storefronts? How will it be priced? Speaker, these are questions, again, that affect the viability of the entire plan, because we know there is a parallel market that currently exists and that market is incredibly competitive. It has supply chains everywhere, and it's becoming more and more savvy. It's not the old days of getting a couple of joints from a cannabis dealer or someone that's growing it in your town behind the high school. You order it online. You can have it shipped express mail through Canada Post to your house. These are the complexities that I don't see in the bill that the government has considered, and, again, it raises questions around whether we're getting it right.

I listened to the member from Lanark-Frontenac-Lennox and Addington. He focused on one aspect of this bill, the vaporizing aspect. It's unfortunate, because we need to hear so much more. We need to hear so many more ideas about how this works, how it will affect our communities. Not to say that that isn't an important component, but when you're talking about some of the punitive measures that are meant to dissuade people from selling and using cannabis, and the penalties that are involved, these are getting into some serious issues. This is where we have to consider whether the balance of justice and the rights of the individual are equally weighed.

Speaker, what I forgot to tell you, and what I meant to tell everyone at the beginning, is that here we are, in 2017. Again, I mentioned that I'm shocked to be here talking about the legalization of cannabis. One of the reasons I'm shocked is that I can't believe it hasn't happened before. I can't believe that we're only coming to this point in time now. Granted, the stigma around cannabis usage, culturally and societally, has been changing. But as New Democrats, I just want to put on the record here that we have a long history of calling for the end of this criminalization of marijuana, dating back to 1971, where we initially called for—I'm looking for it; it's somewhere in my trove of research documents. In 1971, New Democrats began calling for the legalization and decriminalization of cannabis. We're on the record pro-



posing bills in the House of Commons, and motions to dismiss criminal records of people that have had small amounts of possession that, ultimately, ruin their lives. We have been at this for over 40 years, and I just simply want to say to all the other parties that are, I think, starting to come to the conclusion that this can provide some societal benefit—I want to tell them: Welcome to the party. This is something that New Democrats saw a long time ago. But it's not new to us to be ahead of the curve. I think it's something that we're used to. Nevertheless, Speaker, we'll try to get through this bill.

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The other conclusion that I have come to through analyzing the bill is that, despite the various makeups of the market that will happen, one of the benefits is the fact that we no longer will criminalize the possession of small amounts of cannabis by individuals. You look at the history, where someone's been caught with a small amount—a couple of joints—and they've been run through the criminal justice system, sometimes incarcerated, and had a record. These aren't hardened criminals. They're sometimes youth. They're sometimes professionals who at that point in time came across the law that got them at that time.

It's something that I think now in retrospect—and as we move through this bill, we will see the savings not only on the criminal justice side but in our corrections system. Those savings, I think, are one benefit that we can all agree can be directed toward other areas of our province that need support. My hope is that, despite the various opinions on whether this should be a publicly run system or a privately run system, whether the possession limits should be lower or higher, the fact that we will no longer criminalize possession is something that I think is a positive thing.

The bill calls for some penalties, however, that do fall in line with how we deal with alcohol and the prescription of alcohol sales in the province.

Also, the schedule deals with how alcohol and drugs now interact with our transportation system and our ability to drive. It treats cannabis in a zero-tolerance regime for youth. You cannot have any cannabis in your system as a young driver, similar to that of alcohol.

It's something that I think we're going to have to consider because of the nature of the drug itself. Most commonly, cannabis is ingested through smoking it, and that also exposes people to second-hand smoke whether they know it or not. If they're in the vicinity of someone who's ingesting cannabis, they too in turn could become affected. I'm not certain of the toxicology of it, but no doubt that is something that happens. If that person unwillingly is exposed to cannabis and then gets behind the wheel and had not personally ingested cannabis but had been exposed to it, they then potentially could fall under some of the provisions of the penalties under the Highway Traffic Act offences.

Those penalties are quite large. The general maximum penalty for offences under the act, including sales to minors, is \$100,000 for individuals and up to one year in

prison. Corporations face a fine of up to \$250,000. This is on the sales side. The government is using these penalties to dissuade people from going at it alone, outside of the legal regime and the framework that's being set up.

The maximum penalty for unlawful sales or distribution is \$250,000 for first-time individuals and up to two years in prison. First-time corporate offenders face a fine of up to a million dollars.

Penalties are higher for repeat offenders and rise for each day the repeated offence continues or recurs.

The same penalties apply to landlords who knowingly allow the unlawful sale or distribution of cannabis on their premises. Now, that one singular aspect—the way that we're treating landlords through the context of this bill—is one that's really unique. If we're measuring how we treat the use of alcohol, the comparable in a private landlord-tenant situation is not there. If somebody set up a bar in their apartment or some similar thing, the landlord is not held liable for that contravention of the act. This is quite heavy-handed, and I hope the government takes a look at some of the scenarios that are unintended consequences of this bill.

Schedules 1 and 2 enact the cannabis regulatory and retail sales framework that I had mentioned. Schedule 3 enacts the provisions under the Smoke-Free Ontario Act and the Electronic Cigarettes Act, which are repealed, and then it adds new provisions with respect to the use of medicinal cannabis and e-substances.

Schedule 4 to the bill strengthens the drugged-driving prohibitions and enacts other road safety measures that were announced in September.

Schedule 5 establishes a general exemption in the Cannabis Act for medical usage under law.

Schedule 1 is meant to set up the Cannabis Act to the purposes of establishing prohibition and the sale and distribution, possession, cultivation, propagation and harvesting of cannabis in order to protect public health and safety, protect youth and restrict access, and ensure that the sale of cannabis is in accordance with the Ontario Cannabis Retail Act. It also is there to deter illicit activities in relation to cannabis through appropriate enforcement and sanctions and to provide approved youth education and prevention programs as an alternative to enforcement and sanctions.

We talked about its usage. Basically, the bill relegates the usage of personal cannabis and the recreational use of cannabis to private residences. That means you can only do it pretty much in your own home or in the home of a friend. This is something that I guess in theory, when we think about its comparison to the usage and the regulations around usage of cigarettes, is similar. Nowadays it's pretty much common knowledge that you can't smoke cigarettes in public areas, and I think that has been a good transition. I think that these are things that society and our communities have come to terms with and are societal norms now. I also believe that cannabis—again, no one should be exposed to cannabis who doesn't want to be exposed to it, knowing that the fumes that are exhausted from cannabis usage can also affect you, similar to second-hand smoke through cigarettes.



However, Speaker, because of the nature of its usage, similar to alcohol, we don't limit the areas in which alcohol can be—we do, but we don't limit them to private residences, meaning that you can go and buy a beer at a bar and sit at a bar and have a beer. This is a norm. This is something that's pretty much common knowledge. And it works. There are regulations and provisions around that, and strict regulations on the owners of those facilities.

At this point, we have a comparable entity in what are called consumption lounges or compassion lounges, where people who have medicinal prescriptions and medical requirements go to ingest their medicine and do it alongside of other people in a social setting. I can tell you that the one that exists in Windsor—and I want to give a shout-out to Jon Liedtke, who is the owner of that facility—is one that is appreciated by local law enforcement because folks are doing it in a private setting. They are doing it of their own volition—nobody is forced to go in there—and they are not harming anybody else who doesn't want to be in there. They all understand that they're all medicinal users. It's a form of, I guess, essentially taking it out of the public and putting it into a prescribed area.

The bill at this moment doesn't allow for that. It says that at a future point the government may potentially identify areas where that is the case.

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Just imagine the scenario of Windsor and Essex county. We are on the border of Detroit. Detroit, for years and years, has had people come over to Windsor to have fun, to enjoy our community. Because our age when you can access alcohol is 19, whereas in Michigan it's 21, they come in droves. They come in droves; they party; they hang out. Sometimes they get hotel rooms and sometimes they don't, but it's a huge component of our downtown tourism and restaurant scene.

If we imagine this new scenario—and for sure, word is going to get out quite quickly that now Ontario is an area and a jurisdiction where cannabis consumption is legal—we're going to have a huge marketplace of young people 19 and older coming over from Michigan to indulge. They will go to the OCRC, wherever it may be in Windsor, and they will buy their cannabis, but where are they going to ingest it? The bill prohibits them from doing it in their vehicle and it prohibits them from doing it in a public space. There are no facilities similar to the cannabis lounges that exist; they can't do it there. Where are they going to do it?

Here's the kicker: They can't bring that back across the border into Michigan, so they will be essentially marijuana-cannabis refugees—there's a new term for you. What do they do? What are we doing with them?

We have to be cognizant of these types of scenarios. If we look to Colorado, there has been a huge influx in cannabis tourism. People come into Colorado to partake in a legal marketplace. Since 2014, they have taken in revenue in the order of half a billion dollars from the taxation side of cannabis. That's not too bad. That's \$500

million that was never circulating back into the government coffers. It was probably operating in some sort of market economy, but definitely not in a legal framework, where it can be taxed and regulated. This is what we're dealing with. This is what we're on the cusp of, and we should be ready for it.

It points to another question that I have. We're hearing that the federal government is looking at a 10% tax regime or 1% per gram, whichever is more, I believe. Also, the federal government is proposing a 50-50 share on that tax revenue. This government has been silent on whether that is adequate enough to provide for the makeup and the building of this marketplace.

Here is another question, Speaker: How much is this going to cost? It was a question that we put forward at the technical briefing and the folks in the various ministries that are involved. How much is the government spending on the setup of this system? No doubt there will be capital costs associated with building 40 retail outlets. No doubt there's going to be a massive expenditure on the education side and the marketing component of it. We don't have any numbers on how much this is going to cost us.

We also don't know any numbers on how much we potentially can make. We're guessing; it's a guessing game. I would suggest and submit to the government that that's not good enough. This is something where we can and should provide some clarity to taxpayers and to communities which are involved. We don't know if any revenue-sharing agreement will be brokered with our municipalities, who will play a huge part in the regulatory side of this around building codes and enforcement provisions. At this moment, the bill again is silent on what cut and share they will take.

I'm sure, given the constraints on our various municipalities, they would appreciate a couple of extra bucks in their coffers at the end of the day, especially when they see the potential of this marketplace and the potential that it has to do some good through the revenue and through the abolition of the punitive sides.

Speaker, it's something that, with the contrast between the medicinal usage and the now recreational usage, we're going to have to get our heads around too. The medicinal side is something that has been around for quite some time, but it interacts with the recreational side in a way that we haven't really seen before. At this point, it's all the same in the eyes of the user. But now, through a legal system, there are no real mechanisms to differentiate on the end-user side.

What I'm trying to say is that enforcement has not been fully nuanced here. We don't know some of the provisions around the ability to grow your own three personal plants per year for any household. Who's going to enforce that? Is the government going to hire new special pot cops to go through folks' backyards to measure these plants and to ensure that they fit the parameters of what the legislation says now? When those plants are then processed for consumption, how are you going to know whether that is medicinal use or whether it's actual recreational use?



There's a whole host of huge questions that haven't been answered. You have to ask these questions, and in order to ask the questions, you have to get out into the communities, shine some light and open up the doors to consultation on this—something that really hasn't been done. There's no question about it; we haven't seen the government open up the floodgates to hearing from people about what their thoughts are and how they see this rolling out. It's complex. It's going to add to the complexity. But it's something that I think is going to be an integral part to getting it right.

I've done a little bit on my own in my community, and I can tell you, I can't find any consensus. I've spoken to demographics where you would think—these are folks who are church-going, Sunday-driving grandmothers, who are asking for a free market system and they want access to edibles. And you're saying, "What?" Then I've spoken to young people who are saying, "We want it completely prohibited. We don't want to see this stuff legalized." And you say, "What? Really?" So there's not consensus there.

We need to bring about awareness. We need to present all the facts to people. We need to give them the ability to tell us what they see as being something that is a system that's going to work the best for them.

We're concerned, again, about some of the overly restrictive parts and the unintended consequences of the bill. I'm just going to paraphrase what I know to exist in the bill. The bill talks about the transportation of cannabis for your own personal consumption. First of all, you cannot have more than 30 grams of cannabis on you for your own personal consumption. I believe that 30 grams is roughly 40 marijuana cigarettes, or joints, as we used to call them. So you've got 40 joints. But the bill calls for it to be only transported in a sealed package and not otherwise accessible to that person. What does that mean? Does a sealed package mean an opened, sealed package that you just got from the retailer? Does it mean a zip-lock bag that can be sealed? Does it mean that it has to be locked in the trunk? Again, when we're using the comparisons to our treatment and prescription of alcohol, we know that you can't have an opened container of alcohol in your vehicle and it can't be accessible by the driver. A six-pack can't be, technically, a five-pack in the back seat of your truck. Is this how you're treating cannabis? Because it's going to potentially entrap folks who didn't intend or don't have the intention of consuming it, but yet it's there.

1710

The fines are quite heavy, Speaker. I need to find them. I wish I had lined that up. Here it is: the broadly written provisions that could potentially capture innocuous activities that are subjected to steep fines. For example, if an adult is found driving with a half-used package of cannabis for later use in their pocket, even if it's medical cannabis, they could face a fine of up to \$100,000 as an illegal transporter of cannabis, and everyone in the car can be searched by the police without warrant. So you can have 30 grams of cannabis for your

own recreational or personal use, but you can't have—again, these are the vagaries of this bill.

It's important that all members, opposition side and government side, really take a look at this, because I think we all want this to work; I hope we do. It's here; there's no getting around the fact that it is here. Whether the timelines change at the federal level or not, it's something that has already been put out there in the public lexicon. It's coming, and people are getting ready for it. We've got to get it right so that it has the desired effect of eliminating the illicit market and capitalizing on the revenue that in general, our public wants to see. I think that will be a good thing.

Dispensaries are an issue that I'm starting to learn about. I have had to relearn all I thought I knew about cannabis. My knowledge predates my election to this House, so what I thought I knew doesn't apply anymore. The types of cannabis, the medicinal side, its benefits, its potential pitfalls—at this moment there are very few that I can find. One of the reasons is that, because it has been prohibited and a schedule I narcotic in the United States, it has not been widely studied. Its effects aren't widely known but, from a long history of human consumption, we know that its effects have various effects on people. It's been used for treatments and ailments like arthritis and depression and anxiety. It's used for pain management. It's used for epilepsy. It's used to reduce people's dependency on opioid usage.

Dr. Oz, the famous Dr. Oz that we see on Oprah all the time, is now saying that cannabis isn't a gateway drug; it is a get-out-of-other-opioid-use drug. It can help; it can support. But that's going to be an area where the government has to play a role in its research and development and ensure that we know all that we can know of cannabis and use that data to support the marketplace and to support knowledge through the consumer base.

Again, the bill doesn't say anything about the government doing that, but you're taking on this responsibility, and it's one idea that I think the government should play a role in.

Back to the dispensary side, Speaker: Dispensaries are a weird thing in that, currently, as the bill reads, the only legal and authorized distributor of recreational cannabis in the province of Ontario will be the government of Ontario. That's it. You can't buy it anywhere else. But if you walk around Toronto right now, there's a whole bunch of places where you can buy it, and if you go online, as I did, you can find websites that are Canadian-based websites that will ship you cannabis. They've got a whole list, a whole menu of different types. There are edibles; there are oils. You can almost get whatever you want, Speaker. You pay through your Visa or by Interac. This is a really simple transaction. It's like buying banana bread online. It's really easy. But it contravenes the federal statutes now that are in play, and it definitely will contravene what this bill says.

Why do dispensaries exist? Well, what are dispensaries, as it is? Dispensaries are store fronts, typically,



that you can walk into. If you have a medicinal prescription, you can buy what they have in that place. Sometimes you don't have to have a medical prescription to buy there. There are some grey areas there. Why is that a grey area? Because of what is known as the Allard decision. Is anyone familiar with this? Here you go. Here is what it is:

"On February 24, 2016, Justice Phelan of the Federal Court of Canada in BC released his decision on the charter challenge commonly referred to as 'the Allard Decision.' Justice Phelan concluded as follows:

"The plaintiffs' liberty and security interest are engaged by the access restrictions imposed by the MMPP and that the access restrictions have not been proven to be in accordance with the principles of fundamental justice."

"About dispensaries, the court says the following:

"Although dispensaries were not a focus of the parties' submissions, I find Ms. Shaw's evidence to be extremely important as dispensaries are at the heart of cannabis access."

The federal government, back in 2001, declared that we couldn't prohibit people from accessing medicinal cannabis. A whole bunch of legal proceedings have happened since then, but ultimately, this is the legal loophole and grey area in which dispensaries are currently operating.

It's an interesting set-up, but what is even more interesting is that the government of Ontario, through Bill 174, when this is enacted, calls for essentially all of these dispensaries to be shut down. They will no longer be in accordance with any of the laws. I would suggest that this is going to be challenged again. If a charter challenge has been upheld for access to medicinal cannabis, it's going to be fought again.

I don't know how they're going to do it. I know why. When you're setting up a new marketplace, these retailers, these dispensaries, are in a sense direct competition. The enforcement and penalties are clearly focused on the unauthorized dispensaries. The maximum penalties facing dispensaries are vastly higher than those for illegal alcohol sales under the Liquor Licence Act, and the landlord liability provisions that I mentioned earlier seem to be unprecedented.

Back to the unintended consequences of this bill: Because it's an area in which this government hasn't really operated, and because of the existence of a current marketplace and a parallel marketplace, there's conflict. There's conflict on so many sides—on the public safety side, where folks are saying that this shouldn't even happen. There's conflict on the access side, where people are saying that we are limiting access to recreational cannabis and we're playing a role that the government shouldn't: "You should just legalize it and get out of the way. Let us indulge and let us do what we need to do."

What I have come to the conclusion of is that we have to find a balance. We certainly do. That's our responsibility here, and the only way to find that balance is to do our work in consulting with our communities.

Let's talk about the Ontario Cannabis Retail Corporation Act, because this is really where the rubber meets the road in terms how the product will get to market. It's been the point of conversation in a lot of our communities for quite some time, since the federal government indicated that this was something they were going to be moving toward.

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Schedule 2 is the Ontario Cannabis Retail Corporation Act. It establishes the Ontario Cannabis Retail Corp., which is a crown agency that is the exclusive seller of recreational cannabis in Ontario. The OCRC's corporate objects are to buy, possess and sell cannabis and related products; subject to the regulations, to determine the varieties, the forms or types of cannabis and related products it sells and at what price; to promote social responsibility in connection with cannabis; and to engage in such other activities as may be prescribed by regulation or assigned to the corporation under this or any other act.

The Minister of Finance must approve the acquisition of real property that meet the prescribed area. We don't know what the prescribed area is; we don't know what deems an area. They've already announced 40 separate locations, but we're not certain why and how they chose those 40 separate locations—a question that I hope to hear through the debate.

The LCBO, the current Liquor Control Board of Ontario, will appoint the OCRC's board of directors. This is subject to the approval of the minister. The board chair must also be approved by the minister. An LCBO board member is eligible to be an OCRC board member.

You can see that there will now be a direct relationship to the LCBO. It will be a related employer. It will be like a big brother to the OCRC, and I believe what I've heard is that it will play a role also in the financing arm, the initial setup of the OCRC. What the parameters of that are and how much was a data point—that we were not able to get from the technical briefing.

Again, that we're talking about a potential marketplace of upwards of \$26 billion a year and we can't get a number for how much the government is prepared to spend on the initial setup of this marketplace is unimaginable. It's not due diligence when it comes to setting up any business, let alone something that's as transformative as retail cannabis outlets. We would hope to see some more transparency on that part. Again, I think I've come back to that point many, many times.

I mentioned that the OCRC's role will be in determining the varieties, the forms, the types of cannabis and related products it sells, and at what prices. That's going to be an important part. What is the going rate for cannabis in your area?

*Interjection.*

**Mr. Taras Natyshak:** That's right, potentially. The illicit marketplace today is highly competitive—no pun intended. You can get good grade or A-grade cannabis at a pretty decent price, for somewhere between \$5 and \$8 per gram, as I'm finding out. The price that the finance minister has pinned on the board, on the radar for us is



between \$8 and \$10 per gram, I think before all taxes will be applied—because when he said that, we hadn't even heard yet what the federal government was going to impose in terms of their federal taxation regime.

Now let's think about how we're at a \$12- or \$13-per-gram price of cannabis through your retail agency stores, through the OCRC. How are you going to compete with the illicit marketplace with that cost disparity?

**Mr. Arthur Potts:** Quality.

**Mr. Taras Natyshak:** That's another question, because where are you going to get your quality? People more and more are asking—they want to know—what the quality standards are. Of course, your licensed producers are under some strict parameters in terms of growing, but we're, again, dealing with an illicit marketplace that has its own base of growers that are focused on that quality, and you're getting that quality. So your price point on this thing is going to be really important to make it a viable market. It sounds funny because we're talking about cannabis, but it isn't. In terms of a business model, it is so important to get it right. Again, without the data that has been requested, I don't know if you're going to get it right, and it calls into question your entire business plan. How much are you going to spend? If you aren't competitive on day one, you're going to waste a whole bunch of our money.

This is the cautionary tale that I found out through examining this new plan. In other jurisdictions where they are fully private, all they have to realize—and I'm not suggesting that this is what we do, but their realization is on the taxation side. They don't have any exposure on capital costs, so they're getting taxation revenue and they're not as exposed. You're doing it a different way, and I think that that way has some merit on the controls and on the revenue side through the government. But you've got to get it right, because you've got a whole host of competing interests and unintended—I know the members across the way are saying, "We've got some brilliant minds on the government side. These guys are great bureaucrats and they come up with the best policies ever." We've seen them get it wrong time and time again in this House, and I certainly don't want to stand in this place and say that I have very much faith in them getting it right this time. Speaker, it's an important component that I think people have the right to know.

With eight minutes left on the clock, I'll go to schedule 3, which is the Smoke-Free Ontario Act. What we do here, through the bill and through the mechanics of this bill, is repeal the previous Smoke-Free Ontario Act, end the Electronic Cigarettes Act and then we re-enact both of them in the Smoke-Free Ontario Act, 2017, so we're bringing them all together. That now encompasses the new usage of recreational cannabis. The existing prohibitions against selling tobacco to minors are re-enacted and extended to include vapour products, which include e-cigarettes and e-substances and other prescribed substances. It does not seem to re-enact the vicarious liability clause from section 3 of the existing Smoke-Free Ontario Act that deems the owner of the store who fails

to exercise due diligence to be liable for sale of tobacco to minors. That's interesting.

It broadens the existing prohibitions against promoting or displaying tobacco products. It re-enacts existing prohibitions against selling tobacco products at public hospitals. These are reasonable provisions. Existing prohibitions against selling flavoured tobacco products are re-enacted and extended to include prescribed flavoured vapour products and prescribed products and substances that have been prescribed as a flavoured product. That's where you're going to get a lot of push-back as well. This House took the position that flavoured tobacco products should be banned because of their influence on young people and their desired intent to attract young people to tobacco products. That was led by our health critic, France Gélinas, and I think it was the right thing to do. I hope that, as we study its effects, it has had the desired effect of dissuading young people from using tobacco, especially flavoured tobacco.

What you're doing here is extending that to vaping products. These are, I guess, different. Vaping products—you're telling them that they can vape, but you're going to limit their usage, and the reason people vape is so that they can have different flavours of this vaping stuff. Now you're going to prescribe that they're only going to have one or two different flavours. This is kind of an interesting thing, and you'll have to deal with the consequences of that.

Our colleague from Lanark-Frontenac-Lennox and Addington has a problem with where you've prescribed people to be able to vape. I don't have that much of a problem with it. I shouldn't have to be exposed to what you're vaping. But on the side of limiting people's usage or access to different types of vaping juices is—I don't know. It's a little bit of a weird thing. If you could show me data where young kids are again enticed around the different flavours, then maybe we'll come to that conclusion. We have to be cognizant of the use of vaping products for people who are trying to quit smoking and using tobacco. It is a real thing. Does this provision have the consequence of then pushing them right back—if they can only vape cigarette juice, will they just go right back to smoking real cigarettes? I don't know. But these are considerations that need to be talked about.

1730

The bill does provide some areas where medicinal cannabis can be ingested in public places. There are some specific areas that are prescribed. You're recognizing that you can't limit people's medicinal access to solely private places. There are going to be some places that are prescribed that allow people to do that. I would imagine that as we get through this bill in real time, you're going to have to add more areas, because entrapment of folks is a real possibility when it comes to their public usage or their individual and medicinal usage of it.

The problem, again, is the enforcement side. I haven't heard or seen how much of this is going to be enforced. If we look at the reality of how tobacco usage is enforced, that's a difficult thing. We have a lot of regulations



around where tobacco can be used, but I can tell you that a lot of people get around all of those provisions each day. A lot of it will be public sentiment and public awareness, and folks will have to play a role in knowing the rules and knowing where and how this can be ingested.

All told, Speaker, despite some of the consequences of this bill, despite some of the vagaries of the bill, the fact that we are entering into an area where, for a long time, people with no criminal intent have been using this product and have been using it safely and have been a part of a marketplace that is trying to be legitimate and, at the same time, doing it under the cloak of secrecy—the fact that we’re getting to a place where it’s more readily accepted and not stigmatized is a good thing.

The savings that this province will realize on the criminal justice side and the corrections side are going to be a big telltale sign of whether this is successful or not. I don’t believe that folks who use cannabis recreationally should be penalized. Legally, it’s a point that has been a part of our party policy for over 40 years and one that, finally, today, will see the light of day through this Legislature. I’m proud to play a role in seeing that this policy be effective and that it have the desired intent of capitalizing on a marketplace that is currently underground and illicit and that doesn’t play a role in supporting hospitals and roads and sustaining the society we all want to live in. I’m also proud to play a role in ensuring that the punitive aspects that previously existed for people who use it go away forever, and that we give people the choice and the freedom to do this in a way that is responsible and safe. It’s our responsibility to do that.

I hope that through the debate we learn more about the government’s intentions and the way that this thing will finally roll out.

**The Deputy Speaker (Ms. Soo Wong):** Questions and comments?

**Mr. Lorenzo Berardinetti:** I think the member from Essex did an excellent presentation. I think he canvassed a wide area of this bill, which is new. It’s not only new but it’s ground-breaking. The federal government has told the provinces of Canada and the territories: “We’re legalizing marijuana—cannabis. You guys put in the rules. How are you going to distribute it and how are you going to enforce it and how are you going to run the operation?” I think that our government has done a pretty good job.

The member mentioned that he received a very large technical briefing from the—I guess it was the Attorney General’s office. There were a lot of people there, lawyers and so on—policy people. I had the same briefing. It was full of people in the room. I think our government is serious about it. That’s why they’re providing these kinds of briefings.

He went through a number of points, which I listened to carefully. What I can basically say is that he did mention towards the end of his discussion the issue of enforcement. I can say that we all know that the former chief of police for the city of Toronto, who was chief for

10 years, Bill Blair, has been the point person on this bill. He’s also the MP in my area of Scarborough Southwest, in my riding. We’ve had several conversations. He supports legalization for several reasons which I can’t finish in this short little time. But he supports it, and he says that this is much better than to criminalize it.

I think we’re also being safe about it. We’re keeping our youth, protecting them. They can’t buy it until they’re 19 years old. We’re following the alcohol model, and consumption is only in the house, nowhere else.

A good presentation.

**The Deputy Speaker (Ms. Soo Wong):** Questions and comments?

**Mrs. Julia Munro:** It’s a pleasure for me to offer a couple of comments in the time available. I think that this is an extremely important, influential piece of legislation, and I would certainly urge the government to view it that way in terms of the opportunity for members of the general public to respond and take part in the debate and the deputations following the second reading.

What this seems to do is offer the federal government the opportunity to declare cannabis as something that is not illegal by itself. The provinces then have the responsibility of making the laws with regard to its sale and the manner in which it is acceptable throughout our community. One of the parts that is most worrisome for many people is the issue around safety, particularly the problem of impairment. Are people driving under the influence? What does that look like? How can it be identified? These are extremely important questions for us as a community, as well as the safety aspect of it.

I look forward to further debate within the chamber as well as moving it along to the opportunity for others to bring their ideas forward. In the meantime, I think that people have looked at this as something that’s very important that has to be measured in its opportunities for individuals in a safe, reliable manner.

**The Deputy Speaker (Ms. Soo Wong):** Questions and comments?

**Miss Monique Taylor:** I want to start by congratulating my colleague the member from Essex on a very thoughtful, well-done presentation. Listening, it was very clear to understand a lot of the concerns that New Democrats have, and rightfully so. We have this huge change that’s coming to our communities where we’re not sure how it’s going to be implemented. We’re not sure what the taxes are going to look like. We don’t know how the enforcement is going to happen. He raised points about people who are coming across the border; others called it “cannabis tourism.” Where are they going to be able to ingest the substance that they’re legally going to be able to purchase? They won’t be able to do it in a hotel room. I don’t think they’ll be able to do it outside on the hotel room balcony.

1740

There are just so many questions that go with this.

The cost of medical cannabis: How will that be compared to the cost of recreational cannabis? Medical



cannabis being taxed—is that appropriate? I think not, yet it's not something that we have seen addressed.

I've heard, when I'm in my own riding, the cost of what it's going to be. We've heard figures of \$5 to \$8 a gram on the—

**Mr. Taras Natyshak:** On the street.

**Miss Monique Taylor:** On the street; that's a good way to do it. And yet, when they purchase it legally, it will be \$8 to \$10. How is it possible that you're going to entice people to go into the legal market—

**The Deputy Speaker (Ms. Soo Wong):** Thank you. Questions and comments?

**Hon. Indira Naidoo-Harris:** I'm pleased to rise today and speak to Bill 174, the cannabis act.

Speaker, from day one, keeping youth and young adults safe has been our top priority. This is an area where our current cannabis laws have simply not been effective. Medical studies have shown that cannabis use can be harmful to the developing brain up to the age of 25, and the rate of cannabis use among young people in Canada is among the highest in the world. That is why our bill, if passed, would introduce new measures to keep cannabis out of the hands of young people.

For starters, we would raise the minimum age to purchase, possess or cultivate recreational cannabis in Ontario to 19 years old, a year older than the federal minimum. Through consultation with public health and law enforcement experts, we found that raising the minimum age too high would lead young people to continue to rely on the illicit market. A minimum age of 19 would also align with Ontario's minimum age for alcohol and tobacco, which people already know and understand.

That's why the province's approach to protecting youth would focus on prevention, harm reduction and diversion, not punishment. Our goal is to avoid unnecessarily bringing youth into contact with the justice system for possessing small amounts of cannabis.

We are also mindful of the health impacts that cannabis can have on all youth and young adults. To help protect all young Ontarians and give them the tools they need to make responsible choices, it will be important to encourage honest conversations about cannabis.

We are committed to developing a comprehensive prevention and harm reduction approach that promotes awareness of cannabis-related health harms and helps people make informed decisions about use.

Finally, we will be developing resources to guide employers, labour groups and others as they manage workplace safety issues.

Once again, I must stress that our government—

**The Deputy Speaker (Ms. Soo Wong):** Thank you. I return to the member from Essex to wrap up.

**Mr. Taras Natyshak:** I'm so happy to see that so many people have come into the chamber to listen to me finish up my one-hour lead on Bill 174. It has been invigorating.

Thank you, Premier, for being here.

**Hon. Kathleen O. Wynne:** I wouldn't miss it.

**Mr. Taras Natyshak:** You missed a lot of good stuff.

The bill is very complex. I know I didn't cover all of it. But one thing that I missed for certain and that I'd like to put out there is that the bill is not clear on how the federal law and the provincial retail framework fit together with indigenous self-governance. How are your retail outlets being treated in indigenous communities? We don't know what the law says or how this law interacts with them and cannabis sales on reserves.

Many indigenous self-run dispensaries have opened. This bill calls for all dispensaries to be immediately shut down. You're going to have some trouble there if you want to comply with the provisions of self-governance in our relationship with our indigenous partners. This is something that is going to potentially cause some conflict down the road.

Also, as I had alluded to, within the taxation regime and any revenue-sharing regime, there are no specific provisions to compensate municipalities for any additional costs of enforcing the government's cannabis monopoly regime. And undoubtedly, they will want a little piece of the pie to deal with some of the new roles that they will have to play within this regime. We don't see that built in to this bill. We know that they'll be knocking at the door, and I hope that the government has a plan to support and complement the overall bill.

**The Deputy Speaker (Ms. Soo Wong):** I recognize the member from Kingston and the Islands.

**Ms. Sophie Kiwala:** It's a pleasure to also lend my voice to Bill 174, the cannabis act. It's a very important piece of legislation and, as we know, it's going to be made law—federal law—by July 2018. Even as it becomes legalized, cannabis is going to remain a very controlled substance in Ontario and is going to be subject to very, very strict rules, which I'm personally very pleased about.

I do want to add that I will be sharing my time with the member from Durham.

I want to add as well that in my riding, in Kingston and the Islands, we have come together, as the province has come together, very quickly and very efficiently, in my opinion, to talk about, as a community, what we're going to be doing with respect to the various changes that are coming about. I brought together a group of people to have a discussion, which included our public health unit; it included the Kingston police force; it included quite a number of members from our community that were concerned about the changes and wanted to make sure that their voices were being brought forward. So this good work is happening in various different ridings across the province. I'm very pleased about that.

As the member from Halton explained, we are making very stringent rules around protecting youth, and this is extremely important. I was very glad to hear that she mentioned that the developing brain is very significant and we need to protect our youth from these substances, and that has been first and foremost in our minds. It will be very carefully controlled, and penalties will also be very strict with respect to drug-impaired driving.



Secondly, we are taking a sensible approach. We are consulting and we will continue to consult as this bill develops. We're committed to getting this legislation and the transition right. We will be bringing forward decisions that align with our priorities of protecting youth, promoting public health and safety, focusing on prevention and harm reduction, and eliminating the illegal market.

I thank you for the opportunity to talk about this bill.

**The Deputy Speaker (Ms. Soo Wong):** I recognize the member from Durham.

**Mr. Granville Anderson:** It's a great pleasure to speak to Bill 174 this afternoon. I'll touch a little bit on the distribution aspect of it. With the principles of health and consumer protection in mind, we determined that the best model is that it be overseen by the LCBO, and that makes the most sense.

I don't know if members in this House know that in my riding of Durham, in Bowmanville specifically, we have a legal medicinal marijuana outlet that distributes medicinal marijuana all over this country. It's something that's done. It's very measured and it's very meticulously done, with safety and protections in place, which we're trying to continue, based on that experience, throughout our great province. This approach aligns with how safely the LCBO does it in the distribution of alcohol, and it would achieve the control and social responsibility standards that the people of Ontario expect and deserve.

Ontario Public Health Association executive director Pegeen Walsh said, "The province's plan to regulate legalized cannabis reflects many of the recommendations we have been advocating for."

We've chosen the LCBO to oversee the new cannabis retail corporation in recognition of their successful history of selling a controlled substance while maintaining our mandate of social responsibility. Madam Speaker, as you know, the LCBO is well recognized for selling alcohol in a socially responsible manner and have done that for years, so what other avenue would be more appropriate for the distribution of cannabis in this province?

1750

At the same time, last year, about 260,000 people were refused service in this province because they were either underage or intoxicated. That's the kind of responsibility and responsible leadership that the LCBO has shown throughout the years in the distribution of alcohol in this province, including secure home delivery and a check upon delivery for intoxication and age verification.

The LCBO also works in partnership with social responsibility and public health groups to develop and provide information about responsible alcohol consumption.

I am confident that the new Cannabis Retail Corp. will embrace the same commitment to social responsibility that we see from the LCBO today.

The experience in other jurisdictions, like the US, has shown us that it's better to start with strong controls and make adjustments over time, as in states such as

Colorado and Seattle, which have it. They are now finding out that they should have instituted tougher and stiffer controls in the beginning. It's hard to rein in the horse after it has gone through the gates, so to speak. So they're now doing that, and as I said, there is more difficulty.

Our approach, I believe, is the most responsible way and a more sensible way of doing this. Ontario is a leader in the forefront, Madam Speaker.

Thank you very much for the opportunity to speak to this bill this afternoon.

**The Deputy Speaker (Ms. Soo Wong):** Further questions and comments?

**Ms. Sylvia Jones:** I have been listening all afternoon about this legislation. One of the things, as I think people understand, is that we in the official opposition would actually like this legislation to be split. We have a large chunk that is related to cannabis, and I get that. We're trying to react to what the federal government is imposing on us. I understand that. But then there's a large percentage of the bill, the legislation, that talks about MTO and transportation issues. There is no connection between the cannabis changes and the MTO changes.

I'll highlight the third party's one-hour lead, Speaker. It was one hour, and the entire hour was spent discussing the cannabis side of the legislation, which only reinforces to me, frankly, that the legislation is completely different and needs to be divided so that the focus on cannabis is there—I get it; I understand that's important—but also so that we don't forget about the important changes that are being recommended and suggested by the Ministry of Transportation.

If anything, the last two and a half hours of debate have reinforced for me that everybody wants to talk about the cannabis side and everyone is ignoring the transportation issues. Let's separate the bill and let's get it right so that we don't have to keep going back and tweaking constantly because we ignored the other half of the legislation.

**The Deputy Speaker (Ms. Soo Wong):** I recognize the Minister of Citizenship and Immigration.

**Hon. Laura Albanese:** Thank you, Madam Speaker. Point of order.

**The Deputy Speaker (Ms. Soo Wong):** The minister is asking for a point of order. Agreed? Agreed. Minister?

**Hon. Laura Albanese:** To end the labour disruptions at colleges across Ontario, I seek unanimous consent to adjourn the current debate and to revert back to introduction of bills.

**The Deputy Speaker (Ms. Soo Wong):** Ms. Albanese is seeking unanimous consent to adjourn the current debate and revert to introduction of bills. Agreed?

**Interjections:** No.

**The Deputy Speaker (Ms. Soo Wong):** I heard a "no," so I'm going to go back to questions and comments.

**Hon. Laura Albanese:** Point of order, Madam Speaker.



**The Deputy Speaker (Ms. Soo Wong):** I recognize the Minister of Citizenship and Immigration.

**Hon. Laura Albanese:** Madam Speaker, to end the labour disruptions at colleges across Ontario so students can be back in the classroom by Monday, I seek unanimous consent to put forward a motion, notwithstanding standing order 6(b), regarding an evening meeting of the House tonight.

**The Deputy Speaker (Ms. Soo Wong):** Mrs. Albanese is seeking unanimous consent to adjourn the current debate—

**Interjection:** No.

**The Deputy Speaker (Ms. Soo Wong):** I heard a “no.”

Questions and comments?

**Hon. Laura Albanese:** Point of order, Madam Speaker.

**The Deputy Speaker (Ms. Soo Wong):** I recognize the Minister of Citizenship and Immigration.

**Hon. Laura Albanese:** Madam Speaker, to end the labour disruptions at colleges across Ontario, I seek unanimous consent to put forward a motion, notwithstanding standing order 8(a), regarding having the House sit this weekend.

**The Deputy Speaker (Ms. Soo Wong):** Mrs. Albanese is seeking unanimous consent for a weekend sitting. Agreed?

**Interjection:** No.

**The Deputy Speaker (Ms. Soo Wong):** I heard a “no.”

Back to questions and comments.

**Mr. Jim Wilson:** Madam Speaker, we're going to stand down questions and comments. We want the children back in the classrooms, the youth back in the classrooms. Shame on the NDP for holding it up.

*Interjections.*

**The Deputy Speaker (Ms. Soo Wong):** Order.

Questions and comments?

**Ms. Sylvia Jones:** I think we have a very pressing issue that we need to deal with. I do not understand why you don't understand to put students first. We've had five weeks of it—enough already.

*Interjections.*

**The Deputy Speaker (Ms. Soo Wong):** Order. That's not a point of order.

Last call for questions and comments.

**Mr. Robert Bailey:** Madam Speaker, I move that to end the labour disruptions at colleges across Ontario—I seek unanimous consent to revert back to introduction of bills.

**The Deputy Speaker (Ms. Soo Wong):** The member is seeking unanimous consent to adjourn the current debate and revert to introduction of bills.

**Interjection:** No.

**The Deputy Speaker (Ms. Soo Wong):** I heard a “no.” I did hear a “no.”

Further questions and comments?

I'm going to return to the former speakers. I believe it's going back to either the member from Kingston and the Islands or the member from Durham to wrap up.

**Hon. Reza Moridi:** Point of order.

**The Deputy Speaker (Ms. Soo Wong):** We have to wrap up. According to the Clerk, I have to wrap up.

I'm going to return to the member from Kingston and the Islands or the member from Durham to wrap up.

**Hon. Reza Moridi:** Point of order.

**The Deputy Speaker (Ms. Soo Wong):** I was instructed just now that either the member from Kingston and the Islands or the member from Durham has to wrap up.

I recognize the member from Kingston and the Islands.

**Ms. Sophie Kiwala:** I have no more comments.

**The Deputy Speaker (Ms. Soo Wong):** Seeing as it is 6 o'clock, I will be adjourning the House.

*The House adjourned at 1758.*







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Chair / Président: Grant Crack  
Vice-Chair / Vice-président: Granville Anderson  
Granville Anderson, Yvan Baker  
Grant Crack, John Fraser  
Lisa Gretzky, Julia Munro  
Lou Rinaldi, Lisa M. Thompson  
Soo Wong  
Committee Clerk / Greffière: Sylwia Przewdziecki

**Standing Committee on Government Agencies / Comité  
permanent des organismes gouvernementaux**

Chair / Présidente: Cristina Martins  
Vice-Chair / Vice-présidente: Daiene Vernile  
Granville Anderson, Lorenzo Berardinetti  
James J. Bradley, Wayne Gates  
Cristina Martins, Sam Oosterhoff  
Randy Pettapiece, Shafiq Qaadri  
Daiene Vernile  
Committee Clerk / Greffière: Sylwia Przewdziecki

**Standing Committee on Justice Policy / Comité permanent de  
la justice**

Chair / Président: Shafiq Qaadri  
Vice-Chair / Vice-président: Lorenzo Berardinetti  
Lorenzo Berardinetti, Nathalie Des Rosiers  
Amrit Mangat, Jim McDonell  
Arthur Potts, Shafiq Qaadri  
Ross Romano, Monique Taylor  
Daiene Vernile  
Committee Clerk / Greffier: Christopher Tyrell

**Standing Committee on the Legislative Assembly / Comité  
permanent de l'Assemblée législative**

Chair / Président: Monte McNaughton  
Vice-Chair / Vice-présidente: Laurie Scott  
Robert Bailey, James J. Bradley  
Joe Dickson, Sophie Kiwala  
Amrit Mangat, Michael Mantha  
Monte McNaughton, Laurie Scott  
Soo Wong  
Committee Clerk / Greffier: William Short

**Standing Committee on Public Accounts / Comité permanent  
des comptes publics**

Chair / Président: Ernie Hardeman  
Vice-Chair / Vice-présidente: Lisa MacLeod  
Bob Delaney, Vic Dhillon  
Han Dong, John Fraser  
Ernie Hardeman, Percy Hatfield  
Randy Hillier, Monte Kwinter  
Lisa MacLeod  
Committee Clerk / Greffier: Katch Koch

**Standing Committee on Regulations and Private Bills / Comité  
permanent des règlements et des projets de loi d'intérêt privé**

Chair / Président: Ted McMeekin  
Vice-Chair / Vice-président: Lou Rinaldi  
Granville Anderson, James J. Bradley  
Grant Crack, Jennifer K. French  
Jack MacLaren, Ted McMeekin  
Lou Rinaldi, Mario Sergio  
Daiene Vernile, Bill Walker  
Committee Clerk / Greffier: Christopher Tyrell

**Standing Committee on Social Policy / Comité permanent de  
la politique sociale**

Chair / Président: Peter Tabuns  
Vice-Chair / Vice-présidente: Monique Taylor  
Lorne Coe, Bob Delaney  
Vic Dhillon, Joe Dickson  
Harinder Malhi, Gila Martow  
Ted McMeekin, Peter Tabuns  
Monique Taylor  
Committee Clerk / Greffière: Jocelyn McCauley